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LECTURES

ON

MARRIAGE,

Nervous Debility, &c.,

BY

G. KAHN, M.D.

CANADIAN EDITION.

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TABLE OF CONTENTS.

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PAGE.

Preface 5

CHAPTER I.

Male Organs of Generation 7

CHAPTER II.

Female Organs of Generation 13

CHAPTER III.

Functions of the Generative Organs 15

CHAPTER IV.

Marriage 22

CHAPTER V.

Abnormal Condition of the Generative Organs . . 35

CHAPTER VI.

Spermatorrhœa 51

CHAPTER VII.

False Delicacy 66

CHAPTER VIII.

Special Diseases 72

CHAPTER IX.

Self Diagnosis 85

Instructions to Invalids 96

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PREFACE TO THE CANADIAN EDITION.

This work has already gone through forty-six editions and has attained an unprecedented circulation in Great Britain, and many parts of the Colonies. Prefaces, generally, I find are but indifferent authority for recommending a work in the eyes of the reading public; and I am perfectly satisfied to let the public test the Book purely on its own merits; their judgment unbiassed by press critiques, which I could introduce in scores. To conclude, then, I shall only express a wish that this edition may prove as fruitful in good results as its numerous predecessors.

GORDON KAHN,
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CHAPTER I.

STRUCTURE OF THE MALE ORGANS OF GENERATION.

In order that the reader may be able perfectly to understand and appreciate the matter contained in the following chapters, it is essential that he should have a clear idea of the various organs concerned in the mysterious process of generation, their position, structure, and functions.

I will commence with those of the male. The most important of the male organs are the *testicles*, by whose action the semen is elaborated, that important secretion which a recent French writer has called "life itself under a fluid form."

The testicles are contained in a purse-like bag, situated at the root of the penis, and between the groins, called the *scrotum*.

In the fœtus they are not so situated, but are formed in the posterior back part of the cavity of the abdomen, immediately below the kidneys. From this position, however, they gradually descend through the abdominal ring to that which they normally occupy during life.

Very early in the growth of the fœtus, the skin at the part where the scrotum is found after birth forms a loose corrugated projection, but is not distended into a bag until the testicles reach it.

The scrotum is formed by a continuation of the surrounding common integuments, but is rather thinner and more highly colored than the contiguous skin, and is also much more uneven, being arranged in very numerous small rugæ or folds.

The inner surface of the scrotum is lined with cellular membrane, of a loose and ductile nature, which assumes a firmer and more condensed form in the central portion so as to constitute a septum, dividing its interior into two cavities, and separating the testicles, so that they can never come in contact with each other.

The corrugation of the skin of the scrotum keeps the testicles pressed upwards towards the abdominal ring, by the action of muscular fibres collectively designated by anatomists as the *dartos* muscle.

On laying open the scrotum, the testicle of each side is found to be enveloped by its proper coverings, which extend upwards through the abdominal ring, constituting what is called the *spermatic cord.*

The membrane immediately enveloping the body of the testicle, called the *tunica vaginalis*, which is a dense membraneous sac of a bluish white colour, is found to have packets of muscular fibres attached to its outer surface, which can be traced upwards through the abdominal ring to the lower edge of the internal oblique muscle of the abdomen, as it descends to the pubes. These fibres from the *cremaster* muscle, the office of which is to assist in supporting the weight of the testicle, and sometimes, as in sexual congress, to draw it upwards.

Contained within the cavity of the tunica vaginalis, beside the testicle itself, is the appendage called the epididymis, to be afterwards described. The accumulation of fluid within the cavity of the tunica vaginalis forms the disease called hydrocele.

The testicle, although not a vital organ, *i. e.*, one necessary to the existence of life, as the heart, lungs, &c., is one absolutely necessary for the perpetuation of the species, and therefore receives its nerves from the same source as the vital organs themselves. These nerves are conveyed through the spermatic cord, as also are the spermatic veins and arteries.

The vas deferens, or excretory duct of the testicle, which is readily distinguished from the other vessels by its cartilaginous feel, also passes through the spermatic cord.

The secreting structure of the testicle is enclosed within a firm and dense membrane called the *tunica albuginea*. It is possessed of some elasticity, so as to enlarge when the vessels of the testicle are full, and contract upon the evacuation of their contents; but it is to the resistance offered by this membrane to a rapid or extensive enlargement that the intense pain consequent upon inflammation of the testicle is attributed.

A white substance extends in a line through the testicle, from one extremity to the other, in a manner somewhat resembling the core of an orange, which has been called the *corpus highmorianum*, or the nucleus of the testicle.

From this nucleus a number of slender white bands or divisions extend to the tunica albuginea (resembling the divisional membranes separating the so-called "quarters" of an orange), the spaces which they enclose being filled with a greyish or yellowish substance (corresponding with the fleshy parts of the orange), which substance, however, is found on close examination to consist of packets or bundles of exceedingly minute and highly-twisted vessels. There are from thirty to forty of these packets, and when the tubular vessels are drawn out and untwisted, their length is found to be very considerable. A celebrated anatomist has reckoned the diameter of a single tube to be the three-hundredth part of an inch; and asserted that the length of the whole, when unravelled, in an adult testicle, proved to be 5,208 feet. These vessels have been called the *tubuli seminiferi*, and they form the largest proportion—indeed, nearly the whole—of the bulk of the testicle. The semen is first formed in these tubuli.

Each packet of tubuli surrounds a short and straight vessel, placed at its upper extremity, into the bottom and sides of which the tubuli enter and deposit the semen formed in their cavities. These common recipients of the fluid from the tubuli of each packet have been called *vasa recta;* they average about one-tenth of an inch in length, and are usually about one-third of their length in diameter.

The vasa recta terminate in a set of vessels of a cylindrical shape, which have been named the *rete testis*. These are firmly attached to the tunica albuginea, running parallel to each other in the direction of the corpus highmorianum, or core of the testicle: they are generally about thirty in number, and form communications with each other, either by lateral openings or by very short branches, so that fluid poured in one will readily pass to the others.

From the terminations of the vessels forming the rete testis, minute tubes, to the number of thirty or forty, extend in tortuous convolutions beyond the body of the testicle to the organ next to be described, viz.: the epididymis. These tubes are termed *vasa efferentia*.

The vasa efferentia, uniting one with the other in succession, ultimately coalesce in a single tube, which arranges itself in such multifarious convolutions that the number of the flexions has been calculated at upwards of eleven thousand, and the length of tube, when unravelled and extended, would exceed thirty-one feet. These convolutions are arranged in a conical form, resting upon the upper and back part of the testicle, and are designated in their totality—the *epididymis*. The great length of tube forming this organ proves that slowness of motion is essential to the perfection of the semen.

As the tube approaches the termination of the epididymis it gradually increases in capacity, its convolutions cease, and it then becomes the *vas deferens*, before referred to.

The vas deferens, in company with the spermatic artery, vein and nerve, all included within the spermatic cord, passes almost vertically upwards to the external abdominal ring, on entering which it slightly alters its course, passing outwards as well as upwards, and having gained what is called the internal abdominal ring, passes through it into the cavity of the abdomen, where its component parts separate, the blood-vessels and nerves passing on to their sources; the vas deferens dipping into the pelvis, continuing

along the side of the bladder, and terminating in the *vesiculæ seminales*.

The vesiculæ seminales resemble in structure the vasa deferentia. They are two small tubes, about two inches and a-half in length, but being convoluted, appear much shorter, and are situated at the back part of the bladder; the membrane lining them is thrown into folds, so as to form a number of cells. Here it is that the semen is stored up, these tubes answering the purpose of reservoirs: each vesicula terminates, posteriorly, in a rounded *cul de sac*, and, anteriorly, unites with the vas deferens of the same side to form a common duct. These common seminal ducts, resulting from the junction of the vas deferens and the vesicula on each side, are termed the *ductus ejaculatorii*. Each is about an inch in length, and its calibre is greater and more dilatable than that of the vesiculæ seminales. They are directed forwards, parallel to each other, pass through the prostate gland, and open into the *urethra* (the central canal of the penis), by two small oblong orifices.

The *prostate gland* is a small body, about the size and shape of a chestnut, surrounding part of the neck of the bladder, and the commencement of the urethra, measuring about an inch from before backwards, a little more from side to side, and about half an inch in thickness. It is traversed by the urethra, and also by the ductus ejaculatorii; the greater part of it, however, is situated below the urethra, and it therefore rests upon the rectum. It consists of three lobes, two placed laterally—one on either side—and the third between and behind the other two. It secretes a thin white fluid, which is supposed to be for the purpose of lubricating the urethra: its texture is peculiar, and is well known to possess, in a high degree, the property of elasticity, a fact which has been turned to considerable account in the operation of lithotomy. The prostate frequently becomes enlarged in old age.

Having thus described the organs concerned in the elaboration and conveyance to the urethra of the various *secretions* concerned in the office of reproduc-

tion, so far as the male is concerned, it is now necessary to refer to the structure of the intromittent organ —*the Penis.*

The penis, although it gives passage to the urine, is not a structure essentially required for that purpose, as in the female no such structure exists, except as represented by the clitoris; its anatomical characters, therefore, have no reference to that action, but are adapted solely to the conveyance of the seminal fluid to the uterus of the female for the important purpose of impregnation. It is formed chiefly of three bodies of particular structure; two called the corpora cavernosa, and the other the corpus spongiosum: the whole adapting the form of the organ to the use for which it is to be employed. These bodies are covered by the common integuments, loosely attached by the cellular membrane to their surfaces, so as to allow of the necessary variations in the size of the organ: no fat is discovered in the cellular membrane.

The corpora cavernosa form about two-thirds of the entire volume of the penis, and determine its form; they are of the shape of longitudinal sections of cylindrical tubes, placed side by side, and blended together the greater part of their length, whilst at the rest they branch off into the two muscles called the *crura*, and consequently present nearly the appearance of the letter Y, the upper part of which would be placed against the pubis, and the lower at the glans penis. The corpora cavernosa form the upper part of the penis; their colour is generally an opaque white, and their structure a slightly elastic, dense, fibrous membrane, traversed in many places by the blood-vessels concerned in producing that distension of the organs called erection.

The corpora cavernosa do not extend quite to the end of the penis, the glans and the extremity not forming a part of it. The corpus spongiosum forms the lower part of the penis, and is analogous in its structure to the corpora cavernosa. The urethra is situated partly in the groove formed by the union of the two corpora cavernosa, and the remaining part surrounded

by the corpus spongiosum: it extends from the neck of the bladder to the extremity of the penis, and is, in the male, from eight to ten inches in length: it serves to convey the urine from the bladder, and the seminal fluid from the ductus ejaculatorii: it is divided into—a prostatic portion, about an inch in length, into which the ductus ejaculatorii and the orifice of the mucous follicles of the prostate gland open—a membranous part, comprising the interval between the prostate and the bulb, also about an inch in length, and being the narrowest part of the canal—and a spongy or vascular portion, extending from the bulb to the glans, and being about six or seven inches in length. At the end of this portion, viz., within the glans, there is a great dilatation of the canal, called the fossa navicularis: it is this part that is generally affected in gonorrhœa. The *glans penis* is a conical prominence forming the extremity of the penis, and presenting at its base a circular ridge, called the *corona glandis*.

Having thus described the male organs of generation, it becomes necessary, in order to properly understand their functions, to refer briefly to those of the female.

CHAPTER II.

STRUCTURE OF THE FEMALE ORGANS OF GENERATION.

The internal female organs of generation are the *vagina*, the passage leading from the labia or outer lips to the *os uteri* or mouth of the womb, which, laid open, would enable us to notice the rugæ of the mucous membrane by which it is lined—it is these rugæ, or folds of the vagina, which cause the pleasurable sensation when the intromittent organ is introduced in the act of coitus. The kind and quantity of these rugæ vary very much in different females, and in rare cases are altogether absent.

At the innermost extremity of the vagina is the

the neck and the os uteri, or mouth, of the uterus or womb.

The *uterus*, within the cavity of which the embryo becomes developed into the perfect human being, is a pear-shaped organ, which, in the healthy unfecundated state, is about two inches in length and one in width. In common medical parlance it has long been separated into two portions, but it was not until recently that that division has been recognized by Anatomists and Physiologists as distinct in character, function, and in the distribution of nerves. These two portions are—first, the lower portion of the pear-shaped form, containing the *cervix uteri*, or passage from the mouth upwards; and the upper and larger portion, containing the cavity of the womb.

Bearing in mind the pear-shaped figure, the internal configuration of the uterus will be most easily understood by imagining that in the broad part of a pear, just above the seed vessels of its core, there is a cavity which, if the pear were cut in two, would present an inverted triangular form; the base of the triangle towards the broad end of the pear, the point, or apex, towards the stem; at this point there is an opening into a canal proceeding to, and terminating at the part where the stem is inserted. This canal is the cervix uteri, small in diameter at the end next the stalk, then immediately enlarging for a short distance, and thence gradually diminishing as it approaches the entrance to the triangular cavity in the upper part of the pear, at which point it is smallest in diameter. Except perhaps at the period of menstruation, no instrument whatever can be passed through the cervix uteri into the triangular cavity of the uterus without injury to the lining membrane; an extremely small probe would seriously puncture and lacerate the membrane, whilst one sufficiently large to avoid puncturation could only be introduced by great force.

From the triangular cavity at the upper part of the womb, we find, on examination, that from the two points of the triangle, right and left, two other canals or passages proceed to the extremities of the liga-

ments which support the womb; these are called the *fallopian tubes*, the office of which is to convey the ova from the *ovaries* into the cavity of the uterus. Each of the ova is contained within an ovisac, to which sacs the name of *graafian vesicles* has been given. The ovaries of the female correspond in importance to the testicles of the male.

CHAPTER III.

FUNCTIONS OF THE GENERATIVE ORGANS.

It becomes necessary, in the next place, to say a few words upon the *functions* of the organs, male and female, thus described. I will begin with the latter.

From the commencement of puberty the ovaries are the seat of a continual detachment of ova from the graafian vesicles which contain them, the emerging ovum being surrounded and seized, as it were, by the fringed extremity of the fallopian tube, through which it gradually makes its way to the cavity of the uterus. This process takes place independently of sexual congress, both in women and virgins, generally at the time of menstruation, but frequently at other times under conditions not yet accurately determined.

Professor Bischoff, who had examined the generative organs of thirteen women who had met their death suddenly during the process of menstruation, remarks of those cases that they confirm the doctrine that in woman, at every menstruation, a follicle ripens, swells and bursts; that the ovum escapes, and that a corpus luteum (a sort of scar in the ovary, marking the place whence the ovum was detached) is formed. His eleventh case, however, seems to prove that the full consequence of menstruation is not in every instance fully carried out, but that a follicle may swell and the ovum ripen without the bursting of the one or the escape of the other; such a condition will cause sterility notwithstanding menstruation, and to such a condition, the pain sometimes experienced

during the menstrual period may possibly be attributable.

On the other hand, a woman may not menstruate and yet she may conceive; for, as observed in Stenle and Pfeufer's "Zeitschrift" (1853), the ripening and escape of an ovum may proceed, although the usual outward symptom of this event—the secretion of blood, &c.—may fail.

At the appropriate season, the shad discharges her eggs upon the waters, trusting that they may be found and fecundated by the male. The domestic hen, at proper intervals, prepares a batch of eggs, which, when sufficiently matured, she "lays," whether fecundated or not. In like manner, the ovaries of the human female, at her regular periods of four weeks, discharge one or more eggs, which, in a virgin, will of course perish unfecundated; or, if sexual intercourse takes place, will be fecundated or not, as other circumstances may operate.

The process of menstruation is the laying of a human egg, or ovum, differing little in its general characteristics, on its first appearance, from the egg of a dog, a cow, or a bird. The human egg corresponds in almost every particular, except in size, with the egg of the hen: indeed, the egg of the fowl may be looked upon as the type of all eggs, when divested of its shell, the membrane beneath it, and the white. These, however, form no part of the egg, even in the hen; they are added in its passage along the oviduct. The egg of the human female is very small, measuring, according to Bischoff, from $\frac{1}{120}$ to $\frac{1}{240}$ of an inch; it is surrounded by a transparent membrane, which under the microscope appears as a bright ring, and is hence termed *zona pellucida*, exterior to which is a heap of cells, called *discus proligirus*. Within the zona pellucida is situated the yelk, composed of a number of granules and globules of various sizes, imbedded in a fluid. In the substance of the yelk is contained the small speck, called the germinal vesicle, which is delicately transparent, contains a pellucid fluid, and has a minute opaque spot, on one part of its

wall, to which has been given the name of the germinal spot.

The menstrual discharge is a mixture of blood and glandular albuminous secretion. The act of menstruation is one in which the whole genital apparatus sympathizes, if not the entire constitution. During the month, the graafian vesicles enlarge, and approach the exterior of the ovary, till, having arrived at maturity, the sac bursts, as before mentioned, and, borne on by a flow of blood accompanying this breaking, the ovum is floated down the canal of the fallopian tube, the fimbriated extremity of which, concealing within it the open mouth of the canal, has, warned by the general uterine disturbance, been closely applied to the ovary, ready for the coming ovum. The egg then gradually makes its way into the cavity of the uterus, occupying in its transit, according to Pouchet, from two to six days.

During the passage of the egg down the fallopian tube, towards the uterus, the germinal vesicle disappears, the yelk dividing into smaller spheroidal masses; first two, then four, then eight, and so on. The ovum also becomes coated with an albuminous layer, corresponding with the "white" of the hen's egg, the outer portion of which forms a membrane called the *chorion*.

The uterus, also forewarned of the coming of the ovum, is in a high state of turgescence, and the numerous follicular glands which stud its inner surface, and are continued through its neck, throw out an abundant supply of mucous, glandular, semi-albuminous discharge; and sometimes blood exudes from the turgid vessels lining its surface. When this exhalation is limited in character and quantity, it forms a membrane lining the interior of the cavity of the uterus, called the *decidua*, which, as the ovum enters through the fallopian tube, recedes before it, forming an extra but partial covering for its protection.

If, from any diseased action or extraordinary congestion of the parts, the flow of blood and glandular secretion be unusually profuse, the ovum may be washed aw[illegible] But if the discharge be of moderate

quantity, then the ovum will be caught in some fold or cell in the cavity of the uterus, and will remain there until, in the course of nature, its vitality being lost by lapse of time, it be voided like all other effete matter of the system, or be impregnated in consequence of sexual congress, thenceforward becoming developed into the perfect human being.

It has been known, however, from the beginning of the world, that the co-operation of the two sexes is necessary, in order to fulfil the purposes of the Creator.

It has been satisfactorily ascertained, that the semen formed in the testes of the male of the more perfect classes of animals, must be conveyed to those bodies, which have just been described, called ova, formed in the ovaria of the females, and containing the rudiments of the future animal, in order to excite the embryo to evolution, and to impart to it the principle of vital action.

The venereal desire commences in man at puberty, and appears to depend on the secretion of the seminal fluid; for it does not exist until the testicles begin to enlarge and secrete, and it leaves the male when they have been extirpated. It is an established fact, that when the testes have been removed in early life, the individual has no sexual desire.

It is also of less force in advanced age, when the semen is more sparingly elaborated: and in the case of persons whose testicles are but imperfectly developed, it is always languid, if not entirely absent.

In the female sex it also, as already mentioned, begins at puberty, when the ovaria enlarge, and ova are formed in them; but it does not occur in the female of quadrupeds where the ovaria have been destroyed, and is much lessened in advanced life, when the ova cease to be formed, and the ovaria begin to shrink.

The seminal fluid, or semen, which it is the function of the testicles to secrete, is always, when evacuated, mixed with the secretions of the vesiculæ seminales and prostate gland, and mucus of the urethra: float-

ing in it are also to be found a greater or lesser number of epithelial scales.

The secretions, however, which enter into the composition of the ejaculated fluid have a relative proportion to each other; that of the vesiculæ seminales amounting to about four-sevenths; that of the testicles and vasa deferentia to about one-seventh; while the remaining portion consists of the products of the prostate gland, mucus of the urethra, &c.

To examine the semen in a pure state, it must be taken from the vasa efferentia of an animal recently dead, and whose death has been produced from intention or accident, but not from disease.

According to the analysis of Vanquilin, human semen consists of

Water	90	parts.
Mucus	6	„
Phosphate of lime	3	„
Phosphate of soda	1	„
	100	

It is well known that the mucous secretions of the vagina and uterus occasionally present very altered chemical conditions, being either excessively alkaline or having acid properties; in either of these cases a deterioration of the fecundating fluid is likely to happen.

It is the office of the prostate gland to secrete a mucus charged with more or less of the phosphates of lime and soda, which is evidently designed to counteract the injurious effects likely to arise from an abnormal condition of the secretion of that portion of the mucous membrane appropriated for the reception of the seminal fluid.

It is the office of the vesiculæ seminales to elaborate a fluid, having important relations to the conservation of the fecundating properties of the spermatic secretion, as well as perhaps to render it more effective in the process of impregnation.

The application of the microscope to semen has discovered that very minute organic bodies float in

it, which move with rapidity; and from the manner in which they disport themselves, retrogressing, avoiding obstacles, and changing their velocity, have been considered animalcules. Their form resembles that of the tadpole, with a round head or body, and a narrow tail. Ludovic Haume is said to have been the discoverer of these bodies, and to have shown them to Lewenhoeck in 1677. Lewenhoeck, however, has claimed the discovery as his own.

These bodies, to which the name of *spermatozoa* is applied, are now generally understood not to be animalcules, but elementary portions of the male organism. We do not, however, understand the mode of production of their very curious movements; the object of which is evidently to propel them onwards through the uterus to the ovum, and into its substance.

That the spermatozoa are the proper fecundating elements of the semen has been placed beyond the slightest doubt by the observations of Prevost, Dumas, Leuchart, and others, on the semen after filtration, and above all by the recent researches of Newport.

The last named author has also established the fact that the spermatozoa actually penetrate the substance of the ovum, as was asserted by Barry many years previously; and on this point many other physiologists have confirmed the statement of Newport by observations on the generation of various animals.

Now that we are acquainted with the passage of the spermatozoa into the ovum, we can no longer regard their fecundating power as being a *dynamic* influence, as was formerly supposed: on the contrary, it is now an established fact, that the material of the spermatozoa becomes actually mingled with the yelk, and thus renders it capable of development. It is such profound physiological revelations as these, tending to illustrate how it is that the offspring resembles the parent, that must ever give to this subject the most unbounded interest.

When, under the impulse of sexual excitement, the male seeks intercourse with the female, the erectile tissues of the genital organs become turgid with

blood. These erectile tissues are chiefly confined within the corpora cavernosa in the penis of the male, and in the clitoris and tissues of the vagina in the female. The erectile tissue appears essentially to consist of a plexus of varicose veins enclosed in a fibrous envelope; and according to Gerber, this plexus is traversed by numerous contractile muscular fibres, to the contraction of which is probably to be attributed the obstruction to the return of blood, which is the occasion of the turgescence. The discoveries of Muller, however, make the matter much clearer. He found in the penis *two* sets of arteries, one destined for the nutrition of the tissues, communicating with the veins through a capillary net-work in the usual way; the other passage into large branches, penetrating the cavernous substance in a spiral manner, and communicating abruptly with the venous cells; and it appears highly probable that the contractile muscles before referred to, while impeding the return of the blood by the veins through the usual or purely nutritive channels, may also permit the blood to enter freely into the helicine arteries, or those specially used in producing the erection; which blood not being able to escape with the same rapidity as it enters, the arteries necessarily become and remain filled until the emotional conditions which had given rise to the action of the muscles concerned had ceased to exist.

Ejaculation, or *seminal emission*, in the normal state, is consequent on the state of the organ previously described.

It is, however, in a physiological point of view, a NERVOUS phenomenon—the local excitation having, through the medium of the spinal cord, produced a reflex contraction of the muscular fibres of the vasa deferentia, and of the muscles which surrouud the vesiculæ seminales and prostate gland. These receptacles discharge their contents into the urethra, from which they are expelled with a kind of spasmodic action by its compressor muscles.

The muscular contractions which produce the *emissio*

seminis are excito-motor in their nature, being independent of the will, and not capable of restraint by it when once fully excited.

This *emissio seminis* occurring in immediate proximity to the *os uteri*, or mouth of the womb, the spermatozoa, by the peculiar wave-like motion they possess, make their way into the cavity of the uterus, and meeting, either there or in one or other of the fallopian tubes, one or more of the ova before mentioned, impregnation ensues.

CHAPTER IV.

THE PHILOSOPHY OF MARRIAGE.

The highest authority on earth has pronounced marriage to be one of the most honorable obligations which can be incurred by man or woman; and the importance of the contract may be inferred from its purpose.

The strongest impulse of our nature is that which induces us to seek the society of the opposite sex, and it is one which the very strongest will can never hold in entire subordination, much less destroy.

The institution of marriage is one which all nations, from an intuitive feeling of their nature, *theoretically* respect, however much it may be practically violated. Few men, except the basest and most depraved, possess the courage and hardihood to speak disrespectfully of this heaven-born institution, though many act, in secret, as though its vows, its duties, and its obligations were "trifles light as air." The reason of this is a conscientious feeling that the contract is a solemn bond, which the interests of private virtue and of public morality alike demand should be respected. The end and purpose of marriage is high and holy, the institution itself heaven-appointed, and its vows and obligations the most sacred and binding.

Yet, though such is marriage in the abstract—in the true ideal of the poet and the philosopher—how different an aspect does it present when viewed in its

practical every-day condition. Misery and woe but too frequently follow in its footsteps; wretchedness is often its near companion; and distress and grief occasionally cling to it as though they formed a part of its nature. The reason of this may appear difficult to divine, but to the physician—the more especially to him who, like myself, has consented to practice in what is called in medical phraseology a "specialty," and that specialty the diseases of organs having a more important relation to this contract than any others—to such a man, admitted as he is, and must be, to the arcanum of the heart—the very sanctum sanctorum, where the wide world is forbidden to enter, and where no intrusive prying eye would for a single moment be tolerated—to him there is no difficulty in explaining this apparent mystery. He knows that there are often circumstances, of which society dreams not, operating most powerfully upon the marriage union, and frequently blighting all the fairest hopes and joys of both husband and wife.

The subject of marriage has occupied the pens of hundreds of writers, and been dilated upon in nearly all its phases and aspects; and truly the topic is a most extensive one—a topic whose ramifications spread through nearly all branches of knowledge. The clergyman dilates upon it as a religious rite, and in his high calling describes some of its obligations and duties. The lawyer is frequently called upon to unfold and construe old enactments, in which scores of the wisest of legislators were occupied for hundreds of years in framing and bringing up to their present condition, relating exclusively to the conjugal bond, showing of how much importance the marriage union has been deemed. The historian tells us of complex old forms and ceremonies formerly employed to hedge about the marriage state, long since found unnecessary in the advances of civilization. The moral philosopher and the social reformer describe marriage in its bearing upon the well-being of society, show how the conjugal bond is implied in the social law, and how society reaps the greatest advantages from its purity and res-

pect. The psychologist, with scarcely less advantage to society, inquires into the mental difference between the sexes, and endeavors to show that one is essential to the happiness of the other. The physician looks at marriage in another aspect; and certainly the duties and obligations of that state, which are most commonly brought before his mind, are not less important than any of the others named. Indeed, many of the latter spring from the former. The philosophy of marriage, in its widest sense, would doubtless include the social, moral, mental, physical, and religious aspects of the bond; but as the physical is the basis of the rest—as it is the most important, and at the same time the least understood—there is the greater necessity for teaching it; and my remarks will relate exclusively to it. It has been said, and may be said again, that sexual intercourse is the lowest of the wedded duties. This, however, is not so; and he who asserts it must either be an ascetic, living in an unnatural state of isolation from society, having no knowledge of the charm contained in the word "wife," or "child"—one whose mind in all probability has been debased by the grossest of vices, and whose imagination, not purified by legitimate connubial love, is little better than a nest of noxious ideas; or, on the other hand, one who, with the best of intentions, mistakes the nature of marriage for want of reflection upon its purpose. The physiological view of marriage is evidently more important than is generally imagined, and the mere physical pleasures, considering how they rule and regulate the rest, are far from being the lowest.

How deeply rooted the institution of marriage is in human nature, may be inferred from the fact, that it exists in some form or other among all races of mankind. True, it undergoes a great variety of modifications, according to the influences brought to bear upon it, the advances that civilization has made in the country in which it appears, and the character and temperament of the inhabitants; but underlying all these differences, there is an unanimity in the importance attached to the fact of marriage itself. It may be-

come degraded to the lowest and basest purposes; may be associated with all that is vile and worthless, and converted into a curse instead of a blessing; but, on the other hand, it may foster the holiest dispositions of mankind, promote love, fidelity, and truth, and become the largest factor in man and woman's happiness that earth has produced.

Where the ties of Christian marriage are properly respected, and faithfully adhered to, no pleasure on earth is so great as that of living in a state of matrimony. "Marriage," says Dr. Johnson, "has many cares, but celibacy has few pleasures." No bond on earth can be more pleasurable and more divine than that in which all the members of a family are bound together by domestic ties.

In all proper states of society the laws have always given encouragement to marriage. The censors in ancient Rome paid particular attention to this object, and by subjecting the single to penalties and ridicule, made them anxious to change their condition. Cæsar gave rewards to those who had many children, and prohibited women under forty-five years of age from wearing jewels, who were unmarried and had no children.

The law of Augustus was even more severe; he imposed new punishments on those who remained in a celibate condition, and rewarded those who were married, more particularly if they had children. It met, however, with great obstacles, and thirty-four years after it had been passed, the Roman knights demanded its repeal.

Louis XIV. gave great encouragement to early marriages, and recompensed the fathers of families who had a certain number of legitimate children. He exempted from taxation all those men who married on or before their twentieth year.

In all ages in life the most agreeable companion that a man can have is a kind and loving wife, one who will share his pleasures and his pains, who is always rejoiced to hear of his prosperity, but who clings to him all the more closely should adversity cast its sable

shade over his prospects. A woman who is indeed a partner in the strict sense of the word—a true helpmate, a partaker of his joys and his sorrows—is the greatest blessing which heaven has bestowed upon poor, disconsolate, lonely man. It is, however, late in life, in the season of the sere leaves of life's autumn, that this rich and rare blessing is, and must be more highly appreciated.

Before quitting the subject of marriage, it is essential for me to add a few hints for the guidance of those who contemplate that serious engagement, and on the conditions necessary for a thorough and healthy accomplishment of nature's purposes.

Extreme youth should be attended by the most complete repose of the generative functions, unbroken by intense feeling for their employment. Should this not be the case, certain and imminent danger awaits upon dawning manhood. It is, however, but too frequently the case that this necessity for repose of the sexual organism in early life is ignored by those who have the care of youth. How many of my readers, who are accused of leading immoral lives, might not answer, and with justice to their accusers, "you, our parents or guardians, who have all the experience of age, without having in the least taught us the necessary self-control over our passions and impulses, but having left us blindly to follow the instincts of nature, now demand of us that we should not only curb our strongest passions, but expect that we can, against nature, bring them to a dead halt at the simple word of command. You have educated us in the true and proper use of all our faculties and all our senses, save alone that which is the strongest of all; and now, when we have just attained to manhood, you say 'stop.' Alas! your advice comes too late. Having no other monitor but nature, we followed her impulses; and though you now tell us the road may lead to ruin, the incline is, nevertheless, too steep to enable us to apply the break at once with effect." It is, notwithstanding, although most difficult, absolutely necessary that he who wishes to "live" should do so. If we consult the biographies

of men who have made themselves eminent, we shall find that one of the most essential requisites is a strong constitution; and this cannot be secured for ourselves, or attained for our children, save by the exercise of great control over our own passions and instincts, and great watchfulness and proper education over those of our offspring.

When the sexual passion is exercised too early in life, even admitting that the generative functions have not been previously misused, the result will generally be weakly and sickly children, reared with difficulty, and possessing no stamina to enable them to reach the meridian of life.

The proper age at which to marry is a somewhat vexed question, but needlessly so, because, although that age varies much, according to temperament and other circumstances, an experienced physician will have no difficulty in saying yes or no to the particular individual who asks him the question, especially as the solution of it depends on the perfection of the healthy growth of the frame.

The marriage state is undoubtedly the best and most natural cure for sexual suffering to many a human being; but to marry with the chance of happiness,*

* Listen to what Parise says on *Marriage*: "Amidst the abundant statistics which have been collected lately, it has been demonstrated that bachelors live a shorter time than the benedicts. This assertion is only true, provided the married couples live happily together; otherwise bachelors must have the advantage. In a happy marriage, everything conduces to enjoyment, to well-being, health and longevity, for life is passed without shocks and agitation; there is a kernel of felicity, around which is superimposed all the other pleasures which can arise, and which must soften the misfortunes to which human nature is inevitably doomed. In an unhappy marriage, when each person is a perpetual cross for the other, every thing is anguish, torment, trouble, and disquietude; to-day, to-morrow, and always, at each moment the bitter cup, full to overflowing, approaches and touches the lips. Is there a constitution sufficiently strong, or health sufficiently robust, a soul sufficiently firm to flatter itself that it can resist such cruel attacks?"

But I fear that, after all, however advisable on medical grounds, early marriage in the upper classes of life must form the exception, not the rule, being governed mainly by the imperious laws of society, and considerations of finance.

many things are necessary. Let the youngster green to the ways of the world pause, otherwise he may run from one misery into another. The light literature of the day furnishes ample materials showing the folly that besets the boy in love; here it is that the sexual passion again, uncontrolled, may, by inducing him to marry the first pretty doll that smiles on him and welcomes his attentions, plunge him into irretrievable ruin. But of what avail is advice—how is it possible to control some men who have not common sense? I fear they must sink—nothing can help them—they will not be guided, so great is their belief in their own superior attainments. They fall out of the ranks of society, and decay—its very rubbish—beside the onward path of those whose career is happier, because conformable to physical and moral laws.

Early marriages, however, rest not with the medical man; the laws of supply and demand will regulate this, as seen in the following statistics:—

The age at which men marry in England is now for the first time made out, in consequence of the census tables framed in 1851, a synopsis of which I subjoin from the official report, recommending it to the attentive perusal of my readers.

If we take only persons of the age of twenty and upwards, the bachelors amount to 1,689,116; the spinsters to 1,767,194.*

The proportions of the married among the population of the age of twenty and upwards are 62 in 100 males; 57 in 100 females.

About 1 in 3 of the whole population, and nearly 4 in 6 of men, and 4 in 7 of the women, of the ages of twenty and upwards, are living in the married state.

The proportional numbers of the ages between twenty and forty, married, are 52 in 100 males; 55 in 100 females.

At the ages between forty and sixty there are 79 in 100 men; 70 in 100 women, married.

* The term "spinster" is derived from the custom prevalent before the introduction of machinery, that a maiden should have spun a certain tale or task of woollen yarn before she was considered a qualified housewife.

At the ages between sixty and eighty, in 100 men there are 65; in 100 women 42, married. And finally, at the ages between eighty and a hundred there are 37 in 100 men—whilst there are only 12 in 100 women, married.

The mean age at which marriages are first contracted in England and Wales is nearly twenty-six years for males, and about twenty-four years and-a half for females.

The wife is two years and-a-half younger than the husband, and the duration of marriage is, on an average, twenty-seven years.

A man or woman above twenty and below forty is called young; so those of the age of forty and above are called old.

Viewed in this light, it will be found that there are in the kingdom about 1,407,225 "young," and 359,969 "old" maids; 1,413,912 "young," and 275,204 "old" bachelers.

Of 100 men of the age of twenty and upwards, 31 are bachelors in Great Britain.

Of 100 women of the age of twenty and upwards in Great Britain, 29 are spinsters.

In London, Bath, and Cheltenham, they amount to 40 per cent.

20 in 100 families are childless, and 80 in 100 have children living.

In 1851, the births of 615,865 living children were registered in England and Wales—573,865 as the children of married, and 42,000 as the offspring of unmarried women; and the census returns show that the women of the age of fifteen to fifty-five *married* were 2,553,894; the women *unmarried*, including widows as well as spinsters, 2,449,669. So that to 1,000 married women of that age, 224 living children are born annually; and to 1,000 unmarried women, 17 living children are annually born.

Upon the hypothesis that as many unmarried women must, *ceteris paribus*, be living irregularly to every child born out of wedlock, then 186,920, or 1 in 13, of the unmarried women must be living so as to contribute as much to the births as an equal number of married women.

These figures—although being based upon examination of the entire population, they may be no safe guide to conclusions as to the marriage statistics of the higher classes—tell the actual state of the marriageable people of the community at large.

It is to enable man to people the earth that Providence has implanted in us, in common with the brute creation, what is called the sexual passion, feelings which influence the male to such an extent, that they become the prominent ones for a portion of his existence. As Parise says, "to live and give life are the dominant passions." And an anonymous writer forcibly observes: "to have offspring is not to be regarded as a luxury, but as a great primary necessary of health and happiness: the ignorance of the necessity of sexual intercourse to the health and virtue of both man and woman is the most fundamental error in medical and moral philosophy."

But, to have healthy offspring, it is necessary that the bodily frame should have full vigor, and should be in that condition that sexual intercourse should be a necessity for health, that its performance should, so far from leaving a weakening or exhaustive feeling, impart a sense of lightness and relief, of a kind comparable to that which. when in full health, we enjoy after indulging in the luxury of the bath.

Those who contemplate matrimony should also bear in mind that it is not only essential that they should be in a vigorous condition themselves, but that those with whom they propose to unite their fortunes should be healthy also. They should, too, remember that the strongest children, both mentally and bodily, are those who are the offspring of parents dissimilar from each other in temperament, and in bodily and mental qualifications. I do not, of course, mean that the intellectual should consort with the ignorant, or any absurdity of that character; but, that although an unanimity of sentiment be necessary for happiness in married life, yet, if each party possess individual specialties, which, if conjoined in one, would present a mental, moral, or physical character superior to either, the offspring of

such parties will, in all probability, possess that superiority.

They should also remember that diseases and defects of all kinds are hereditary; and the utmost caution should be used, not only as regards the health of the parties themselves, but of the peculiarities of their progenitors. But especially is it necessary that they be certain that they are in full possession of virile power.

There is another point of some importance, which is also worthy of comment. It sometimes happens that great mischief ensues from an absurd supposition that because marriage is an honorable contract, there can be no such thing as excess in the performance of its physical obligations. This is a very serious error, and one which, from the comparatively innocent delicacy which enshrouds the subject, is, unfortunately, but too prevalent. The celebrated Martin Luther considered it sufficiently important to allude to it definitely, in a distich in one of his works, as follows:

"In der Woche zwier,
Macht im Jahr hundert und vier,
Schadet weder mir
Noch dir."

Which may be thus freely translated from the old German:

But twice in every week, no more—
Each year one hundred times and four,
Will hurt neither me
Nor thee.

But Martin Luther, although a great authority in divinity, was erroneous in thus laying down an universal law in matters physiological; for constitutional differences render this even a more difficult matter on which to pronounce a definite rule than the question "when to marry?" No conscientious physician would dare so to commit himself, as he would know well that no rule of the kind could be laid down without his previously becoming acquainted with the "physique" of the individual interested in asking the question.

It has been observed by an eminent practitioner, that about one person in every ten is ruptured; but whether this be so or not, my own experience leads

me to the conviction, that out of one hundred persons who attain the age of twenty-five there are at least twenty who labor under some functional or structural derangement of the generative organism. I do not, in saying this, simply mean that that number are incapacitated for begetting children, but that they are literally unable properly to perform the usual physical obligations of a matrimonial state.

The ordinance of marriage being clearly, according to both physiological science and divine law, one mainly intended for the procreation of healthy offspring, it must of necessity be criminal in every respect for those who are so unfortunate as to labor under any hindrance, whether naturally or from disease, to the due performance of the duties of an honorable union, to conceal that hindrance or defect, or to consummate an union with a person of the opposite sex, without taking advantage of every aid which medical or physiological skill can afford to remove it. And if further proof than that which plain reasoning furnishes be required in support of this assertion, it is furnished by the fact that such a crime invariably brings its own punishment with it in a life of misery and discontent, further embittered by the reflection of the guilty party, that he has involved an innocent being, not in his criminality, but in its punishment.

It is therefore obvious that, before entering into the state of matrimony, it is incumbent upon every one to consider seriously whether he may not be one of those who may be risking his own life-long happiness, defeating his own expectations, involving in irremediable misery his intended partner, and endangering the health and well-being of possible offspring.

It is true that many may and do err from ignorance; they may be honest, temperate, and virtuous, and contract the obligation in a confident belief of the integrity and efficiency of their virile power, finding but too late that they had committed a fearful and (if they do not suspect the cause and seek a remedy) irreparable error.

One of the most numerous of the classes of patients

who consult me, is that wherein the patients, unsuspective of their disability, have contracted matrimony, and have afterwards found that they could neither enjoy the pleasures of the nuptial couch, nor secure the fructification which is its greatest glory; but both husband and wife never for an instant suspected that he or she was the party in whom the defect existed:—and often has an after life of happiness been secured to those who have been bold enough to emancipate themselves from the thraldom of a false delicacy and detail to me in sacred trust all those important particulars which clear up the mystery, and enable me to remove its cause.

It is not possible within the limits of this work to indicate all the causes of the unfortunate state of things to which I have alluded. Many of them may be gathered from the context of the whole of its chapters, but there are many others which even the physician himself would scarcely suspect, apart from the revelations or the examination of the party who suffers from their consequences.

It is consequently an imperative duty, before incurring a matrimonial obligation, that every one should be perfectly and thoroughly, certain that physical impediments do not forbid the step. It may safely be affirmed, that at least one-half of the conjugal misery which afflicts the world would be prevented, were this duty universally recognized. And supposing the parties, or either of them, to have erred in ignorance, either of their condition or their duties, there should not for one moment be anything taken for granted: it must not be suffered that each should cherish the fatal impression that with the other rests the mischief or the blame. Resort should be had at once to competent authority and ability, to determine the real state of the case, and to endeavor to remove it. And it is fortunate for humanity, that large as is the proportion of adults suffering under the disabilities to which I have alluded, there are but very few indeed, even in cases of structural derangement—the most difficult of all with which I have had to deal—in which, if

perfect relief or removal be impossible, at all events a large amount of amelioration is practicable.

But I must here observe that it is imperatively necessary, in all such cases, to be thoroughly certain that the party consulted in such matters be one who has made them his *exclusive* study. The worst feature of the present time in medical science, is, that every student is educated in generalities, and that there are but few who leave that beaten path, to seek for themselves a perfect and thorough knowledge of a special class of diseases. Hence it is the London Pharmacopœia contains, amidst its thousands of remedial preparations, but one absolute specific (quinine for the ague), and hence it is that thousands upon thousands die of diseases which no practitioner will venture to assert to be incurable. How large and deep a benefactor to his species would he not be hailed, who should say to-morrow "I can certainly cure consumption." And why not? Simply because the class of ailments tending to that condition have not been made the sole study of any one man. Jenner and Harvey were benefactors to science, and to the human species, by leaving the beaten track and devoting themselves each to a specialty. Their opponents were of the same class as those who would at the present day be opponents to new Jenners and new Harveys, viz., the members of their own profession, the men who are content to go on in the old jog-trot of empiricism, having a smattering of knowledge on all diseases, but without the profundity of experience which would enable them to deal with certainty with any.

When I say that I have devoted my life to the exclusive study of the anatomy, physiology, and pathology of the generative organs, and that during the twenty years of my practice every variety of sexual disability has come under my notice and treatment, I am not in the least wishing to assert that there are no others equally competent, by like study and practice, to deal with them; but this I do and am bound to say, that no ordinary medical practitioner, whose time and energies are fritted away at random amongst the

"thousand ills that flesh is heir to," can be depended on for advice or assistance in any but the most simple and ordinary cases. Nor is this the only disadvantage: it is not merely that they cannot afford relief, but their inability too often leads their patients to suppose that, because *they* have failed, their cases are beyond the reach of art; and consequently they give way to a state of despondency, which not only prevents their seeking other aid, but has such an effect on the general system, as to lead many to an early grave. My knowledge and experience of such lamentable results alone induces me to speak so strongly on this point; and if these sentences have the effect of inducing those who labor under impediments which involve the happiness of two human beings for a lifetime, and of their possible offspring also, to seek really efficient aid under their difficulties, my object will have been accomplished.

CHAPTER V.

ABNORMAL CONDITION OF THE GENERATIVE ORGANS.

I have now to draw attention to the abnormal condition of the organism whose structure and functions have been previously described. It is not a difficult task in itself; unfortunately the materials for a full description are sufficient to enable me to fill volumes upon volumes with experiences, the general knowledge of which would be of the utmost service to the community. But it is rendered a difficult task by the circumstance that the feeling of false delicacy, to which I have previously referred, and to which I shall afterwards have occasion more particularly to allude, is unfortunately so prevalent, that not only is the subject itself ignored, but no one but myself has yet ventured to place a *popular* treatise in the hands of those who have the wisdom to apply for it. The only works which profess to allude to such matters, are those abstruse and expensive ones intended for the perusal of the profession alone—so crowded with technicalities

that no one but an adept in anatomy and physiology can understand them—or the worse than ignorant lucubrations of the charlatan, who fattens upon the fears which he creates by his misrepresentations.

Most of the functional disorders of the generative organs are due to a precocious development of sexual ideas, in a number of cases many years previously to the perfect evolution of the organs themselves.

Lallemand says: "This preponderance of the sexual over the material instinct announces itself, usually, at a very early age. The children we have seen taking notice of women, five, six, or even ten years before puberty commences, evince during the remainder of their lives susceptibility towards everything which can provoke or recall erotic ideas. Whether the impressions spring from the sexual organs or the senses, their imagination seems to caress them, turning and returning them to every point of view. Voluptuous images disturb the gravest train of thought, intrude upon their meditations, and pursue them even in their dreams. They desire every woman, and their passion for her is rapturous, but the virile power does not come up to their intensity of lust. The venereal act tires and unnerves them; they feel this, but are drawn on in spite of themselves, and pursue the indulgence as far as force permits. Some there are who have no more power over themselves than the insane. When exhausted they make the wisest resolutions, which, however, they break through, although, perhaps, knowing at the moment the ill consequences which will inevitably follow."

When such a boy goes to school, his elder associates may initiate him into the pernicious habit of masturbation, to which, in most instances, we may trace the great prevalence of sexual debility.

Those who have witnessed, as I have done, the fearful effects of a habit destroying all the fairest prospects of earth's most promising sons, will agree with me that nothing can be more important than to communicate correct instruction upon so vital a question. The habit to which reference has just been made is known by

various names, most of them, perhaps, to some extent objectionable. The most common, perhaps, is ONANISM, taken from the circumstance that the first instance we have on record of a perpetration of a crime of this kind is that of Onan, mentioned in Genesis. Every one, however, who reads the narrative carefully, must perceive that the crime of Onan was not exactly that which is now called after his name. Another term, already named, and perhaps a more correct one, is MASTURBATION, derived from *manus*, the hand, and *strapo*, I defile. This can, however, be considered strictly correct *only* when applied to the procuring emissions by titillations of the virile member with the hand; whereas it is used in a much more extended sense, signifying emission procured by any artificial means—any means, in fact, short of intercourse with the opposite sex.* Sometimes habits of this kind have been spoken of as POLLUTIONS, but this term is objectionable, as it confounds in many cases the cause with the effect. A pollution is merely an emission, and that may frequently arise from weakness or disease of these organs, *perhaps* caused by this vice, or *perhaps not*, and even in the former case occurring long after the habit has been abandoned. The most expressive term is that of *self*-pollution, or self-abuse; but as all the others are commonly used and understood, my objections to them are not sufficiently strong to prevent me from employing them.

The pernicious habit of self-abuse may be commenced very early in life, and may be, as has been already intimated, the result either of teaching by associates or companions, or of accidental circumstances. Few

* It is important to remark that excessive indulgence in intercourse with the opposite sex, even in married life, is quite as prejudicial to health as indulgence in the habits here referred to; and that I am as frequently consulted by *married* men who are unable to perform their marital duties, and who tell me (until I ascertain the contrary by questioning them) that there is *no evident cause* for their disability, as I am by parties *unmarried*, who *know* their own conduct has produced their impotent condition. Proper remedial treatment, however, will restore in the one case as in the other.

persons, except those who have had great experience in these matters, would for a moment guess that a habit of this kind could commence at the tender age at which children are sometimes presented to my notice, suffering its dismal consequences. Indeed, it is almost impossible to say of any child that it is too young to practice it; frequently it is commenced at three or four years of age, and sometimes even earlier. Of course there can be no emission at so early a period, but gratification is found in friction upon the glans, penis, and other adjacent parts; and the habit is continued for the sake of this pleasurable sensation till an emission takes place, which occurs under such circumstances much earlier than otherwise.* Even infants, a few months old, will acquire the habit of handling and playing with their genital parts, if not checked by their parents or nurses; and there can be little doubt that such a trifling circumstance as this has, in hundreds of instances, given rise to this most degrading and pernicious vice. At three or four years of age, however, it is very common, and produces the most baneful consequences; for, although there is not at that period the terrible debility which we so frequently witness in the emaciated and broken-up constitutions of those more advanced in years, yet there is an undue excitement, which must give rise to a large number of diseases, particularly of the brain and nervous system; and there is also the dismal fact, that the habit commenced at this period will continue through life, unless some guardian angel arrests its course.

The diseases which may arise from this habit, even when practised before seminal fluid is found in the vesicles, and consequently before there can be any emission, are neither few nor small. The over-excited

* This is a most important fact, as from the intimate connection between the testes and the brain and nervous system, a direction is given to the action of the latter which, if not altered by timely and judicious remedial treatment, will not only materially interfere with the "mental ability" of the individual, in a business point of view, but sometimes result in insanity.—(*See* note in a subsequent part of this chapter, as to Dr. Ritchie's researches.)

state of the nervous system which is produced, and the loss of nervous power which follows it, may give rise to such a perturbation of the nervous system as to occasion death, which is evidenced by a case of Lallemand's, where death did occur, and which the Professor of Montpelier attributes to the effect produced on the brain by repeated convulsive shocks, similar to those which susceptible subjects receive when the soles of the feet are tickled. When, however, this undue excitement, and its consequent depression, does not terminate in physical death, it does, it many cases, in what may be justly considered mental death, viz., in the loss of all intellectual capabilities, and the establishment of idiotcy. How numerous are the cases which I have myself seen, of children at six or seven years of age, who had been their parents' pride and joy, sunk into a state of confirmed idiotcy through this baneful practice! Other evils, far too numerous to refer to individually, are also the common consequences of this habit, when commenced at so early a period. "However young the children may be," says the author just quoted, "they get thin, pale, or irritable, and their features become haggard; their sleep is short, and most complete marasmus comes on; they may die, if this evil passion is not got the better of: nervous symptoms set in, spasmodic contractions, or partial or entire convulsive movements, such as epilepsy, eclampsy, and a species of paralysis."

Should, however, the habit be continued, and, in consequence of a strong constitution, none of these symptoms make their appearance during this youthful period, nature will reply to the call of the excitement, and semen will be emitted at a period much earlier than would otherwise occur. In such cases the sexual instinct manifests itself some time, perhaps many years, before the genital organs are in a fit condition to secrete this fluid. As soon as there is an escape, the pleasure will be greater than had before been experienced, and consequently the habit more confirmed; the practice of it will inevitably be much more frequent, and, as a matter of course, the chances of es-

cape much less. *Now*, in addition to the undue excitement, there will be a drain upon the system, in the loss of the most vital fluid in the body. The frequency with which this act will be repeated in the day, is enough to frighten the physician or physiologist as to the consequences; but the youthful devotee, at the shrine of a more cruel deity than Moloch, fears no ill, because he knows not the danger—he sees not the precipice upon which he is standing, nor the vast chasm over which he is tottering.

All cases of this kind, however, are not commenced at so early a period in life: the habit is not discovered until the genital organs are in a condition to obey the call made upon them. Sometimes, as has been mentioned, the first knowledge that a youth obtains of this practice is learned from his associates at school; for large institutions, where a number of boys are collected together, and more particularly where several sleep in the same room, are admirably adapted for the purpose of propagating a vice of this kind; and there can be little doubt, that in many instances they are the very hot beds of this vice. At other times the habit is acquired through accident. Horse-riding has, in numerous cases, given rise to it, by producing an agreeable feeling in the friction of the genitals upon the saddle, or back of the horse: at other times it has been commenced by rubbing the legs together, the penis being between them; and frequently by sleeping upon the abdomen. Sometimes the cause which first gave rise to it may have been a derangement of the cerebellum—that part of the brain which controls the sexual organs—the impulse, however, to some mode of gratification arises more frequently in young persons from reading obscene and erotic works, which, where there is a lively imagination, are almost sure to cause excessive inclination for sexual intercourse. Books of this kind are most diabolical instruments of vice among young persons. Whether such a work comes with bold effrontery, in its own naked form, under no garb, but with the avowed object of teaching indecency and licentiousness; or whether it

makes its appearance in some quack production, professedly full of morality and religion, but in reality containing little else than filthy details of the most disgusting cases; or whether it finds its way into the family circle under the pleasing guise of a most "interesting and entertaining novel," its effects will be the same.

Not only is the habit of masturbation practised by the youth and young man, but it frequently clings to its victims even beyond the middle age, seldom, however longer; not because the practice itself is overcome by any control exercised over the animal propensities by the moral or intellectual faculties, but, because, if the habit has been persisted in, all virile power has by that time been lost. Even before middle age this is frequently the case; where it is not, however—where the power still remains—it is no uncommon thing for a man to practice this most degrading vice even after he has entered the connubial state, and has become the father of children. Indeed, when once commenced, it is a most difficult matter to discontinue it until virile power has become completely destroyed.

The consquences of the habit of self-abuse are far too numerous to be referred to in the limited space at my disposal, or to be discussed in the minute manner in which they are treated in my works written only for the Medical Profession; but as the most common one, and that from which several others frequently arise, viz., spermatorrhœa, will have a chapter devoted exclusively to it, all that I shall do in this chapter will be to notice very briefly the usual effects which ensue, more especially that called varicocele, or varicose veins in the testicle. Frequent and undue actions of an organ, no matter in what part of the body situated, will cause a greater flow of blood to that organ, and a change is consequently very likely to take place in the number and condition of the blood-vessels; this is what occurs in the testes in varicocele. From the continual excitement and constant action of the parts in the parts in the formation and

emission of large quantities of seminal fluid, the veins become enormously distended, and apparently more numerous, and their coats thickened; the scrotum generally becomes elongated on the affected side, more frequently the left, but sometimes both; the folds disappear, and the whole organ hangs down in a pendulous state; sometimes the testicle wastes entirely away, and, as a matter of course, impotence, in many cases incurable, is the result.

In case 987*, for example, the patient told me in various letters describing his condition, that he had practised the habit of masturbation from the age of ten, as near as he could recollect, but thought it might probably have been earlier. It was first commenced by mere accident. Climbing a tree in his father's garden to obtain some fruit, the friction upon the genital organs produced so agreeable a sensation, that he repeated the act again and again; this led him to attempt to produce the same pleasurable feelings by other means. Having continued this practice for two or three years, and emission occurring, he began to have inclinations for intercourse with the opposite sex, which this vicious practice was found the means of gratifying. At last, when about sixteen, he determined to discontinue the baneful practice, not because he saw any evil in it, but because he looked upon it as a boyish habit; and as he was now arriving, as he thought, at manhood, he concluded that the practice of childhood, this amongst the number, should be thrown aside; but before he had adhered to his resolution for a week, he was seized with an excessive desire for sexual intercourse; this, he said, he dared not indulge in, for fear of violating those precepts of Christianity which his father had instilled into his mind. Fornication he looked upon as a horrible sin,

* It is requisite that I should say here, with regard to the introduction of illustrative cases that in no instance whatever is any particular introduced, which can possibly lead to identification, and further that my case book is so full of such illustrative cases, treated long since, and wherein the parties have been fully restored, and are now beyond even suspicion of former evil of any kind, that there exists no necessity for making use of more recent instances.

which, however strong the temptation, must be avoided. He consequently reverted to his former habit, and for years afterwards viewed it not as an evil but as a positive good, since it was a means to him of avoiding the sin of fornication. "Oh!" wrote he, "that my father, or some one else, had conversed with me on matters of this kind at that period, it would have prevented all this suffering. But no: all such subjects were prohibited from being mentioned, and I went on sinning against God, and against my own constitution, in complete ignorance." He went on to say that about two years after he had thus recommenced this deadly habit, he began to look pale and emaciated, his appetite fell off, he experienced severe pains in the back part of the head, and in the testes and loins, seminal emissions frequently occurred, and he was fast becoming the shadow of his former self. His friends began to be alarmed at his appearance; the family medical man was consulted; his lungs were examined and declared sound, and the disease pronounced general debility, which a change of air and tonic medicines would probably remove. The tonic medicines, in the shape of large doses of quinine, were administered; the sea-coast was resorted to for change of air, but he experienced no relief. The root of the disease had escaped attention, and, as a matter of course, the symptoms did not improve. At this period the patient himself had not the slightest idea that the debilitated state of his frame originated in the habit he had been so long practising. He thus continued to grow worse and worse, and his friends made up their minds that whatever might be the cause of his disease he certainly would never recover. Celebrated physicians were now consulted, but the habit that was draining the fountains of the body of their vitality was never referred to, and the consequence was that the treatment had no effect. At length the young man began to notice a great change in his genital organs; the scrotum hung down in the pendulous state before mentioned; on the left side no testicle could be felt, but in its place a number of hard cords; there was an

apparent diminution in size of the external parts, and an eruption made its appearance under the prepuce. It was whilst in this state that in the course of his reading he came across the "Confessions of Jean Jacques Rousseau," which completely opened his eyes, and he now saw clearly the nature of the horrible vice he had for so many years indulged in, and the consequences which were now, in misery to himself, flowing from it.

I had considerable difficulty with this case, on account of the extent to which the mischief had proceeded; but as he had a naturally strong constitution, and the revulsion of feeling consequent on suddenly learning the nature of the vice in which he had been indulging gave him sufficient strength of resolution to conquer it, and to persevere in the treatment I employed, the result was completely successful.

This case alone should be sufficient to show the evil of keeping youth in ignorance of the nature of the generative organs, and the consequences of their abuse.

Impotence declares itself with great rapidity in persons who are addicted to masturbation, especially when exposed to influences calculated to injure health. The testes, as already mentioned, rapidly become flaccid and shrivelled. The distressing sense of weight, so frequently described as a dragging pain, further tends to prove the organic changes going on in these organs; the muscular fibres, which were described when speaking of the anatomy of the parts, lose their contractility, which they never do in a healthy condition: hence the symptoms described.

The phenomena which attend the various forms of sexual debility create much difficulty in the attempt to represent them.

An individual thus afflicted after a while presents a melancholy and dejected appearance. He is restless, ever and again desiring a change, but disinclined to physical exercise. He seeks solitude, and by allowing his thoughts to dwell on the fact of his disability, frequently becomes hypochondriacal. In business he

loses self-confidence, and is constantly in dread of some unforeseen event about to happen to him. His temper likewise becomes irritable, and he is the subject of most sudden exacerbation of anger and passion. Muscular debility, characterized by fatigue, lassitude, and pain in the loins on the slightest exertion, prevails to a most distressing degree. The healthy color of the skin disappears, the eyes lose their brightness, and are surrounded by a dark halo, while the state of the digestive organs becomes exceedingly distressing. But it is the immediate effect of an over-excited state of the generative organs to lower the vital energy of the system; the consequence is, that great organic and constitutional disturbance ensues.

The functions of the brain are the earliest to declare the secret fact; giddiness and headache are more or less present; memory becomes defective, and the power of commanding and controlling the ideas is lost, while a frequent disinclination to enjoy the usual amount of sleep terminates in general and extreme physical exhaustion.

It is my firm opinion that the abuse of the sexual feelings is the frequent cause of mental derangement; the primary cause of the complaint being but too often entirely ignored in ordinary treatment, and the subsequent symptoms treated as if the brain had been the organ primarily affected.*

There appears but little doubt that the morbid state of the nervous system, more particularly the spinal cord, which is produced by excessive sexual intercourse, is analogous to that which is sometimes observed in the muscles after excessive exercise. And it seems a fair analogy which suggests that the loss

* Since writing the above I find that Ritchie, resident Physician of Bethnal House Asylum, in a paper published in the *Lancet* of February 16, entitled, "An Enquiry into a frequent cause of Insanity in Young Men," states, as regards "the frequency of cases of insanity arising from masturbation," that in that asylum the percentage from that cause was, in the private class, 1 in 7·98, and in the pauper class 1 in 15·16; and referring to the possibility of its being thought that that proportion was exaggerated or overstated, says, "Would it were so!"

of nervous power, and especially the paraplegia, that may follow long-continued sexual excess, are due to changes very similar to those that are witnessed in the progressive muscular atrophy after great muscular exertion; the softening and wasting of the spinal cord being a process of degeneration essentially similar to that traced in the muscles.

It must never be forgotten that seminal emission is associated with what may be regarded as violent exercise of the spinal cord.

It is, besides, the peculiar character of seminiferous losses, but more especially when self-provoked, to establish an order of symptoms which appear to have their seat in the region of the stomach; the epigastrium becomes tender to the touch; a sensation of faintness referred to this spot is complained of; also occasional pain, flatulence, a sense of distension, and other anomalous symptoms.

These symptoms are undoubtedly the result of venereal excitement, implicating the central ganglia of the sympathetic nervous system.

Hence we have the strongest reason to infer, that when undue excitement of the generative functions causes irritation of these ganglia, this undue excitement will be thus communicated to the spinal cord, producing depression of spirits, pain at the pit of the stomach, and general prostration.

If such be the nature of these complicated nervous phenomena, it is not altogether so surprising as it would otherwise be, that in the worst cases which occur of excesses in young men, nature has been sometimes unable to recover from too rapidly repeated shocks.

The irritation thus set up has morbidly excited the channels of nervous influence, producing in them some permanent injury, from which they never wholly recover.

It is also a similar sympathetic influence thus morbidly developed, that reacts on the kidneys as well as the stomach, causing them to pour out a considerable quantity of thick, muddy, unhealthy urine; and an irritability of the bladder, inducing a frequent desire to micturate.

Many of the foregoing symptoms were apparent in case 1563, which I treated successfully by correspondence only. The patient thus writes:—"At the age of about fifteen I acquired the fearful habit of masturbation, and continued an ignorant devotee and victim of it until I was twenty-one, (nine months ago). By accident I became acquainted with the terrible effects of this habit, last winter; but though I tried hard, and prayed earnestly for strength to free myself from its shackles, I was not enabled to do so thoroughly till about the middle of April last, when I discovered the havoc it was committing on my frame. I then appeared like one for the grave. Unfortunately I applied to an advertised doctor, who sent me an instrument for compressing the penis,* accompanied with certain prescriptions; but the instrument caused such violent and painful erections that I was compelled to discontinue the use of it. I then thought I could do without medical treatment, if I lived according to a prescribed diet, and took plenty of exercise. Nature thought I would repair the loss. Still I cannot disguise from myself that I am gradually getting thinner and weaker. I have not yet lost the power of erecting the penis; and although, previously to the use of the above-mentioned instrument, I never involuntarily had an erection for days altogether—not even when my imagination was excited by wicked thoughts, it now happens almost every morning, and at times I feel strongly tempted to commence the old habit again; but then a shudder passes over me, and I conquer the inclination. Sometimes my eyes appear of a muddy cast, which causes me to feel very uneasy; but in a day or two they get clearer again, and hope is again in the ascendant. I frequently have a dull pain in the region of the spine, but that which causes me the greatest apprehension is the remarkable dreams I have at

* This is not the only instance in which this clumsy and mischievous treatment had been previously adopted by patients who have consulted me. It is about as reasonable as would be an attempt to stop an inclination to vomit by compressing the throat.

night. At one time I am engaged in eager dispute with some one, in which the passions of anger, fear, joy, &c. are alternately predominant; at another time I seem engaged in the greatest physical exertion, such as running, fighting, or lifting some tremendous weight; these all tend to fatigue my body, and deprive it of its due amount of rest. The daily routine of my avocation also fatigues me much more than it was wont; and my memory is unquestionably impaired. I forgot to say that a pain in the region of the left kidney sometimes attacks me, and on such occasions the urine appears very muddy; and although my testicles are not in such a pendulous state as they were three months since, I can feel that a small lump appears to be forming under both. I fear that my symptoms are those of an early stage of consumption."

It must be borne in mind, also, that masturbation determines a specific and important change in the prostatic portion of the urethra—a knowledge of which is of great importance in reference to treatment.

As it is impossible to trace the effects of masturbation of venereal excesses into anything like detail, I present to the notice of my readers the result of the researches of eminent physiologists, showing the whole material development of the human body, in reference to its average weight at different periods of life, which will afford us some valuable general information, and also precise data, to enable us to judge of the ill effects which venereal excesses of any kind are likely to occasion at different ages:—

	lbs.	oz.
At one year the body weighs . .	21	1
" 5 " " . .	35	0
" 10 " " . .	54	0
" 12 " " . .	64	14
" 15 " " . .	95	8
" 20 " " . .	132	0
" 25 " " . .	138	0
" 40 " " (the maximum)	139	0½

The preceding table proves approximately that man only reaches the maximum of his weight at the age of

forty, whilst the increase from twenty-five is hardly preceptible. It may, therefore, be safely inferred that the human economy reaches its full vigor at that age. When we reflect that masturbation is chiefly indulged in by persons from twelve to twenty, or even twenty-five years of age, we may readily conceive the evil it is likely to cause, as, at the age of twelve, when that vice has but too frequently become a habit of some duration, the individual would have still to gain about sixty per cent. of his weight.

His growth, although nearly finished at the age of twenty-five, will not be completely so, since even after thirty the weight of the body is susceptible of an almost imperceptible increase. Now when we consider that masturbation and youthful lust are pursued with reckless indifference at a time—as we see from preceding data— when all the energies of the body are required for its sustentation and growth, I ask with all earnestness what room is there to doubt the ill consequences which must result from premature and excessive indulgence in venereal pleasures?

I cannot do better than close this chapter with a self-drawn picture by a patient, at that time in one of the healthiest parts of South America, whom I had the good fortune to succeed in restoring to perfect health.

After mentioning his position, &c., and that he was induced to apply to me by the accident of one of my books falling into his hands, he goes on to say, "For the last twelve years I have practised the degrading vice of self-abuse, or masturbation, without being aware of its fearful results, and which first commenced as the result of a lascivious dream without any incitement on my part, and the pleasure then experienced has been the cause of its continuance, and though I have several times endeavored to break it off as a filthy habit, have never succeeded. I have never cohabited with any of the other sex, though the desire was almost irresistible a few years since. But, thanks to the good precepts of virtuous parents, I have never committed myself. I have been subject for the last two years to nocturnal emissions, the result

of lascivous dreams after being in ladies' company; the emissions are unattended with pleasure, without erection of the penis, and are of a thin, watery nature; the penis hangs down in a pendulous state, is very diminutive in size, as are all the external parts, but has not wholly lost the power of erection. I am terribly afraid I am suffering from spermatorrhœa, as I have noticed three or four times, while making water in the daytime, a small quantity of thin white matter escape with the last few drops, and upon passing urine into a phial, observe after a few hours, towards the bottom, a transparent filmy substance, which floats upon the least agitation. I see you request some urine for examination, but I know of no available means of sending any, and trust you can judge without. My constitution is undermined, my mental powers much impaired; I have lost all bodily strength, and have little or no appetite, am pale, thin and emaciated, most dreadfully nervous, subject to fits of melancholy, and rendered morose in disposition. My water is short and rather high colored during the day, which, right or wrong, I have attributed to rheumatics, as the least exertion makes me perspire profusely; consequently I take cold easily, and experience a dull pain in the loins, about the kidneys, which the doctors tell me is rheumatics. I have been under their treatment for some years as a sufferer from general debility. I have been subject of late to a slight disfigurement in the forehead, in the shape of a number of small red pimples, which I cannot get rid of. I suffer a good deal from dyspepsia, though I am temperate in my diet, and seldom drink wine or spirits: I also suffer a good deal from constipation of the bowels. And now, Doctor, you will say my case is a serious one; I know it; and the fact of being engaged to an amiable and accomplished young lady whom I had known several years, coupled with the terrible, fearful thoughts of impotency, drive me almost wild. As a Christain, and one who I believe has the welfare of his fellow men at heart, I beseech you to do what you can to restore some of my former vigour; I must tell you, since my eyes have been

opened by the perusal of your work, I have given up, and for ever, the vile practice that has been draining away my life's blood. God grant it may (through your help) not be too late."

CHAPTER VI.

SPERMATORRHŒA.

The term spermatorrhœa is applied in all cases where emissions of seminal fluid take place otherwise than in obedience to the impulse arising from the natural act of coition, or the will of the person in whom it occurs.

It has been already remarked, that the seminal fluid is stored up in the vesiculæ seminales, and that small ducts open from the junction of these with the vasa deferentia into the urethra, and that, by means of these ducts, the fluid escapes. Now, in the healthy state, these ducts are continually kept closed, so that the semen cannot escape, except in obedience to the impulse arising from the natural act of coition; but when they become weakened by excessive venery, or, what is more common, by the habit to which the last chapter was devoted, dilatation follows, and the slightest degree of pressure will cause the semen—as yet imperfectly formed—to escape; such pressure, for example, as would be present when the fæces were passing through the rectum, or when the bladder was contracting to empty itself. It will be remembered that the vesiculæ seminales are situated immediately between the bladder and the rectum, so that, when the fæces are passing down the latter, there is necessarily pressure upon the vesicles, and consequently, it is then that the first symptoms of spermatorrhœa may be observed. The same thing occurs when the bladder is contracting to expel the urine, and for a similar reason; a quantity of thick slimy fluid may be observed passing with the last few drops, which upon examination, most frequently proves to be semen. Should the weakness, and consequently, the dilatation, continue to increase, it will require no

pressure to force away the seminal fluid, for it will escape as it arrives from the vas deferens, not remaining in the vesicles, but passing immediately into the urethra either making its exit thereby, or passing backwards into the bladder, and mingling with the urine.

The disease called spermatorrhœa is one of the most common results of masturbation; indeed it is almost an invariable result, for it is next to an impossiblity for any person to practise this baneful habit for any length of time, without suffering from the involuntary escape of seminal fluid, either with the urine or otherwise. It does not follow, however, that if an individual suffers from emissions, that therfore, he must have been guilty of the vice of Onanism. The disease may have had its origin in excessive venery, or weakness from other causes, and in some cases, I have no doubt it is constitutional. "The vesiculæ seminales," says Lallemand, "take on the habit of contracting themselves under the influence of excitement less energetic thnn usual, and quite abnormally so. In such cases, a full bladder or rectum, a bed too warm or too soft, lying on the back, warm or exciting drinks, &c., provoke emissions more readily than they ought. It is in such instances that the intimate and reciprocal connection between the vesiculæ seminales and the brain produces lascivious dreams, *le plus désordonnés*, under the slightest direct or indirect excitement of the genital organs and inevitable pollutions, from the reproduction of all the ideas which are connected with those of generation." Among the common causes of spermatorrhœa, I might place hæmorrhoids (piles), a long foreskin, accumulation of foreign matter with the secretion under the prepuce, drinking large quantities of alcoholic drinks, gonorrhœa, venereal excess, and even, though it may seem paradoxical, excessive continence; but the most common of all is weakness of the genital urinary apparatus, resulting from the habit before named.

Sometimes the disease makes its appearance long after the habit itself has been abandoned, but when adequate exciting causes suddenly reveal the mischief which has been entailed upon the system. Such cases,

if immediatety attended to and properly treated, are capable of speedy cure.

Thus, in case 1043* the patient, a young man of twenty-four years of age, informed me that he had practised masturbation whilst at school, but he left it off for nearly ten years, and had recently had sexual intercourse with females, much more frequently than he thought, to use his own words, "did him good." For the preceding week he had felt a little pain in the penis, and had noticed, on going to stool, a quantity of white, glutinous matter pass away from the urethra. I requested him to furnish me with some of the matter upon a piece of glass, which he did, and on examining it by the microscope, I detected spermatozoa. I ordered a lotion to be applied to the genital organs morning and evening, and medicine to be taken internally; and in three weeks both the pain and the discharge had disappeared.

In the healthy condition of the generative organs the seminal fluid is continually being formed, and stored up in the vesiculæ seminales, to be either reabsorbed or ejected from the system at regular intervals; but the formation of this fluid, like that of most other secretions, is very much under the control of the nervous system, and will consequently be much increased by the mind being continually directed towards objects calculated to excite the sexual propensity; and thus, if it be frequently ejected, a much larger quantity will be produced, at a terrible expense to the other organs of the body. When, therefore, a morbid condition of those organs has been brought about, by excessive venery, or any other evil habit, so as to give rise to spermatorrhœa, and the patient suffers from the continual escape of this vital fluid, the quantity that may be secreted and passed away is absolutely alarming to any one who understands the physiology of the human body.

One form, and a very common one, in which we

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*The numbers mentioned in this and other cases quoted in this work are merely referencess to my Case Book.

meet with spermatorrhœa, is the escape of seminal fluid during the night, accompanied with erection of the penis, and erotic and lascivious dreams; the emission in this case is generally supposed to arise from the excitement of the pictures produced by the imagination; this is, however, by no means the case. "The general belief," says Lallemand, "exists that erotic dreams produce nocturnal pollutions, and they are looked upon as very dangerous; but lascivious pictures which occur during sleep arise from excitement of the genital organs, just as erections and spasmodic contraction of the vesiculæ seminales do; all these phenomena coincide, because they depend upon one and the same cause, but the one does not depend upon the other."

In case 547, a young man of a nervous and excitable temperament, wrote to me that he had practised masturbation for many years, in fact, had commenced it as early as he could remember, and had continued it till within a few months of the time he wrote, at which period his age was twenty-one. For the year preceding he had suffered from emissions, but in a trifling degree—as he called it—once a week, or sometimes a little oftener. More recently, however, he had never slept a night without having his rest interrupted by dreams of a most lascivious character, which dreams always ended with his consummating his wishes, as he imagined, but which the morning revealed to him as copious emissions, his night-clothes and the bed being wet with the fluid which had escaped. As this was rather a serious case, a personal interview was demanded. This request complied with, I found, as I had anticipated, varicocele in one testicle, and the whole of the genital organs in a state of great irritation. I prescribed for him, with a good result, and by subsequent treatment had the satisfaction of effecting a perfect restoration to health.

This is a very common form of spermatorrhœa. Scarcely a day passes without my seeing patients whose symptoms are analogous to those I have just detailed. The disease, like an assassin, attacks its victims during sleep, and when, consequently, he has

no power to ward off the blow. Even on those nights when emissions do not occur, still the patient suffers from gloomy and terrible fancies breaking in upon his slumbers, haunting his imagination, and reviving any incidents of an unpleasant nature which have occurred during the day.

Sometimes the escape of seminal fluid is experienced at regular intervals during the day, apparently without any direct cause. The patient may be walking, or sitting in one position or another, when he suddenly feels a quantity of fluid escaping from the urethra, without exciting any pleasurable sensation, and in the entire absence of erection of the penis.

In case 1162, the patient stated that a few days before he had attempted intercourse with his wife, and had failed; at first there was an erection, which, however, soon subsided, without any escape of semen, and then all sexual power was gone. He had been many years in India, and had enjoyed very good health, but for the preceding three or four weeks had suffered from the escape of what he supposed to be semen, which had passed away generally whilst taking a lounge on the sofa, and smoking his pipe after dinner. This was not the result of an erection, nor did it occasion any pleasurable sensation. He had, he stated, practised Onanism during his youth, but did not think it was that, or he should have felt the ill effects of it before. After prescribing for him he was gradually and completely restored to health.

The worst form of spermatorrhœa, because the one most likely to escape detection, is that where the semen escapes by the ducts into the urethra, not, however, to be immediately ejected from the system, but to pass backwards into the bladder, and then to be brought away with the urine. In this way the disease may go on for years without even being suspected; and the person who finds himself, from this cause, suffering from general debility and nervousness, wonders what can have given rise to the symptoms under which he labors.

In case 931, the patient consulted me, to know if I

could point out any probable cause why his wife had not borne children. He stated that he had been married four years, had lived rather freely previously, but did not think he suffered any ill effects from it, as he was able to have intercourse with his wife, although he admitted that the pleasure experienced during the ejection of semen was not as great as formerly. Thinking he might suffer this from of spermatorrhœa, I requested him to bring me some of his urine, which he did. Upon examination it was found to contain large numbers of spermatozao, but not perfect ones; most of them with the tails broken off, or mutilated in some other way. I therefore informed him that the cause of his wife's barrenness was obvious, the seminal fluid being of such a character as could not possibly fecundate an ovum. Under the treatment I adopted, viz., great moderation in indulgence of sexual congress, cold douches against the spinal column, and the administration of certain restoratives, his seminal fluid was restored to its normal condition.

Occasionally very peculiar cases occur, in which all the usual symptoms are absent, as illustrated by case 1432, in which the consulation took place by correspondence only.

The patient wrote me that he was a strong muscular man, aged twenty-four, six feet in stature, and weighing fifteen stone. He stated that he had excellent appetite, the best of spirits, was not at all nervous, did not suffer from any of the symptoms indicative of seminal discharges mentioned in a previous work of mine, the persual of which had induced him to consult me, but was nevertheless impotent. He went on to say—"I have consulted medical men; they laugh at me, and tell me it is imagination. But I am the last man in the world to imagine myself into a disease. From my appearance they all admit this, but offer no other explanation. Tell me, have you ever seen a case like mine, and can you afford me any relief?"

I wrote to inform him that his case was by no means so uncommon as he appeared to suppose. He accordingly placed himself under my care, and, after a proper course of treatment, manhood was restored.

In reference to spermatorrhœa, there are two points of the greatest possible importance, on which I feel it imperative to make a few remarks; and these are, *firstly*, the mode of detecting spermatorrhœa, *i.e.*, its diagnosis; and, *secondly*, the treatment to be adopted. In reference to the first point, there can be no difficulty where the semen escapes in large quantities during the day, either from excitement or otherwise; nor is the difficulty great when it assumes the form of nocturnal emissions, because, generally, the patient will be aware when it is passing, and if not, will observe in the morning that his linen, or the bed clothes, will be wet or stained; but the most common form of this disease, as I have already remarked, is that wherein the seminal fluid escapes with the urine, and here the difficulty will be very great. The patient will not be aware of any emission taking place, and the medical man can only make the discovery after the most difficult investigations. Prior to the discovery of the spermatozoa in the semen, the detection of spermatorrhœa was altogether beyond the reach of the most distinguished pathologist.

At that time, if a patient, who was suffering from atrophy, or wasting away, and general debility of the whole system, presented himself to a physician, the first impression of the latter would be that the lungs or heart were affected; on examining these organs, however, he might probably ascertain them to be sound. The glands of the mesentery might then be suspected of disease. This suspicion discovered to be groundless, the patient would then be interrogated as to whether he suffered from emissions, to which he would reply not to his knowledge. Other examinations would then be made, and with the same want of success. A great obscurity would thus rest over the diagnosis, and the utmost that could occur would be to *suspect* the escape of semen with the urine. Probably this suspicion would not have arisen, and even if it had, would have been but a suspicion. These remarks will apply with equal force to other diseases resulting from spermatorrhœa, as well as general debility. The fol-

lowing case will serve as a good illustration. It is the case (copied from the *Medical and Physical Journal*) of a patient who was treated by Sir Benjamin Brodie, in St. George's hospital. "This patient was admitted into the hospital on account of a pain in the left testicle. The organ was soft, flaccid, and about a third of the size of the opposite one. The patient had not received any injury, nor had he had gonorrhœa, but for five years had practised masturbation once a day. The testicle, before it was wasted, was the seat of very severe pain, and swelling. The patient was sad and melancholy. Various remedies were tried in vain, and he left the hospital without relief."

Now who that has seen anything of spermatorrhœa can doubt that the patient suffered from emissions of semen with the urine? I had recently under my treatment a case very similar to the one just described, wherein a microscopic investigation of the urine demonstrated the presence of spermatozoa.

And I must here digress for a moment to say a word or two respecting that noblest instrument of natural philosophy, the microscope.

In contemplating the swarms of living atoms which teem "in the leaves of every forest, in the flowers of every garden, and in the waters of every rivulet," when placed in the field of a powerful microscope, the idea which most strongly impresses the mind, after the first sensation of surprise has subsided, is the infinitesimal minuteness and simple form of many of the structures in which that marvellous principle, life, is enshrined. We have been accustomed to associate the presence of vitality with bodies possessing various complicated organs for the elaboration and maintenance of the energies of existence; but here we see perfect and distinct creatures, in the condition of single globules and cells, that "live and move and have their being," and increase in numbers with a rapidity so prodigious, and in mode so peculiar, as to startle all our preconceived notions of animal organization.

It is by a profound investigation of the modifications

of structure and functions exhibited in these minute organisms, that so much light has been thrown upon what were previously some of the most obscure phenomena in human physiology.

It was by the microscope that the existence of spermatozoa was revealed to us; until then that distinction which we pointed out in describing the various secretions of the different parts of the generative organism was altogether unknown and unsuspected. Once known, however it not only threw a flood of light upon physiological science, but upon pathology also; for the same instrument which revealed to us the *normal* in physiology, also enabled us to examine the *abnormal*.

It must not be supposed, however, that the microscope is an instrument which it is as easy to use as a common magnifying glass—far from it—its efficient use for scientific purposes, especially pathological ones, requires unwearied patience, long practice, and acute powers of observation. As Captain Basil Hall observes, in speaking of a kindred instrument, "The secret often lies in knowing exactly what to look for, and thence learning how to adjust, not merely the focus of the eye, but what may be termed the focus of the judgment, so as to be able to pitch the understanding into such a key that the information may be understood when it comes."

Returning, however, to the subject matter of this chapter, it will be perceived that the discovery, by the microscope, of spermatozoa in the semen, was not only most valuable in a philosophic point of view, but much more so as a matter of diagnosis. It enabled us to detect the most difficult disease that we had to deal with, and exposed to noon-day view matters which before lay hid in the darkness of Egyptian night.

But notwithstanding this, the spermatozoa are not to be discovered as readily as might be imagined, even with the greatest skill, care, and experience on the part of the physician. The urine may probably be examined three or four times and no spermatozoa be present, but the next time, they may be discovered.

The semen, too, when it has escaped into the bladder, is generally found mixed with urinary deposits, such as lithic acid, lithate of ammonia, oxalate of lime, epithelium, mucus, &c., and there is great difficulty in distinguishing the spermatozoa amidst all these deposits; and it must also be remembered that we rarely meet with the spermatozoa in their perfect condition. In nine cases out of ten they are in the broken, mutilated condition before referred to.

Hence it requires a great amount of careful examination to be able to diagnose successfully in these cases.

In case 1250 the patient stated that he suffered from great debility, which, in fact, was evident enough from his appearance. He had been under the treatment of several physicians, and every one had declared, after a microscopic examination of the urine, that semen was not present. As he informed me that he had, when at college, practised masturbation, I felt convinced that I should detect spermatozoa, notwithstanding what those he had previously consulted might have said to the contrary. I examined the urine, and had great difficulty in telling what was present, in consequence of the large quantity of urinary deposits which obstructed the view. On the first occasion, although the examination occupied an hour, I could detect no semen. Still, however, unsatisfied, I made another examination three or four days later, and after great difficulty detected spermatozoa, but excessively mutilated and broken to pieces. The cause of the debility now made out, the method of treatment of course became evident.

The tendency to the frequent occurrence of involuntary seminal emissions is always more or less increased by an attack of gonorrhœa. A diminution of the involuntary discharges may, and usually does, follow the cure of gonorrhœa; but this must not be mistaken for a proof of the restoration of the genital apparatus to a normal condition. The slightest cause of irritation is sufficient to re-establish the disease with increased severity. Sometimes this apparent change of symptoms indicates that the case is lapsing into one of confirmed impotency.

The following case, 1534, is a very instructive one. It cannot be better described than in the patient's own language in his first letter. He says:—"It is with a deep sense of shame and self-condemnation that I address you, being in a fearful state of ill-health, brought about as I believe, principally by that filthy practice which you so truly denominate self-pollution. I am now about twenty years of age, and acquired the habit I have named about six years ago, when at school, and continued it for about four or five years, when experiencing sudden pains in the loins, and frequently observing a gummy, sticky oily fluid oozing from the penis, especially in the morning, sometimes only slightly, and just gluing together the lips of the opening, but at other times more copiously, I became alarmed, and applied to a person in London, and took his medicines for a considerable time, but without the slightest benefit. I unfortunately, too, contracted gonorhœa, which was cured with copaiba, &c.; and for some little time afterwards, although I felt excessively weak, the gluey fluid, which had increased during the gonorrhœa, became greatly diminished. I left England about that time, hoping that nature and my new occupations, and change of scene and air, would restore me to health; but I soon became worse than ever, so much so that I was obliged to return to London. I then consulted another medical man, who told me that my gonorrhœa had been imperfectly cured, and he again gave me copaiba; and I assure you the quantities of that remedy I have swallowed, either alone or in combination with other drugs, is almost incredible. Finding no relief, I have at last given it up in despair and disgust, and now write to you, in the hope that you may be able to restore me to health and vigor. I am not now in London, as you see by the heading of this letter, and therefore cannot at present consult you personally; but I will briefly describe my present symptoms. What I suffer most from, and what I feel is gradually draining life and strength away from me, is the emissior of semen, especially after taking a few glasses of wine, or being

in the company of ladies, or any excitement otherwise occasioned. My testicles are in a very pendulous state, and are getting smaller and smaller every day, especially the left one, which seems to be a lot of hard cords. My face and parts of the body are covered with pimples, and the slightest degree of fatigue utterly exhausts me. I also feel at times a dull sense of pain, which I cannot describe, along the penis, extending to its furthermost parts, and the urine is very different in appearance to what I fancy it should be. I feel quite certain that unless I obtain speedy relief I shall soon be in my grave; for besides the bodily symptoms, I find myself labering under such despondency of mind, that, conjointly, I am sure my system cannot long hold out against them. I send you, by same mail as this, a small bottle containing some of my urine, and also a portion of the discharge between two pieces of clean glass."

This case is remarkably illustrative of the mischief arising from a mistaken diagnosis, spermatorrhœa having been erroneously taken for gonorrhœa; and I doubt not that oceans of copaiba, &c., are administered prejudicially in hundreds of similar cases; and it demonstrates, also, the importance of microsopic examination of urine, &c., in such cases, as I had no difficulty in at once obtaining proof that the impression I had formed upon reading his letter, viz., that he was suffering from a severe form of spermatorrhœa, was well founded.

The treatment of spermatorrhœa is, like the diagnosis, exceedingly difficult, and requires, also, much skill and experience. The disease arises, as has been shown, from a variety of causes, and each, as a matter of course, will require treatment peculiar to itself. Lallemand, having observed the benefit that followed the application of nitrate of silver, or, as it is commonly called, lunar caustic, to the eye, when its vessels were relaxed by disease, inferred that the application of the same substance to the seminal ducts, when they were relaxed, would be productive of equal benefit. He therefore invented an instrument for

this purpose, called the *porte caustique;* and hence arose one of the most brutal modes of treating an affection, with which the whole range of medical science can furnish us. Even supposing this application of caustic to be valuable, which I dispute—and admitting the possibility of the operator being quite certain when he has reached the ducts, and, therefore, knowing when to cauterize, which I deny—still the application of so destructive an agent to such a delicate part as the membrane lining the urethra, cannot but be productive of the worst results. How many hundreds of cases of stricture can be traced to this horrible treatment. How many persons have had to curse the day that English practitioners adopted this French mode of treating spermatorrhœa, or that on which they were foolish enough to submit themselves to it.

The employment of the solid nitrate of silver as a remedy in spermatorrhœa, is not only dangerous, but it implies a total disregard of the true pathology of that disease.

The objections to the application of the solid caustic to the urethra, are the intense pain with which its use is attended—the risk of retention of urine following the application—the well-known liability of caustic to occasion severe attacks of rigor—the danger of profuse urethral hemorrhage, arising on the separation of the slough which its application must produce; and, lastly, the danger that the sloughing process may involve the membranes of the urinary canal to such an extent as to destroy its integrity, and thereby expose the patient to all the sufferings and dangers resulting from infiltration of urine, fistula, and the like.

It is allowed by all unprejudiced persons that the results of actual experience far outweigh the most specious theories, or the boldest assertions. I therefore select a few cases out of many that have come under my notice, in which the effects of cauterization of the prostatic and other portions of the urethra proved most serious and distressing.

In case 1742, the patient had led a most dissolute life, and suffered at various times from repeated attacks of gonorrhœa; the consequence, at last, being that he suffered from obstinate uretheral and vesicular gleet, and a shattered constitution. He applied for surgical aid, when cauterization was recommended and applied, the effects of which the patient described as terrible in the extreme—the scalding on micturating was for nearly three days beyond description, the difficulty being such as almost to amount to retention. A purulent discharge ensued, tinged with blood, which continued for several days. On recovery from the local effects of the caustic, the posterior part of the urethra became the seat of a severe and fixed pain, always intensified by the escape of urine. Sexual intercourse, attempted on several occasions, created so much pain and inconvenience that it was abandoned. Nocturnal emissions were of frequent occurrence, and also discharge from the vesiculæ seminales, whenever defæcation took place. In this condition he consulted me. On attempting to pass a bougie along the anterior part of the urethra much pain was complained of; but when it reached the posterior part it was excruciating, and the spasms so violent that it had to be withdrawn. Two or three days being allowed to elapse, and, in the meantime, sedative and efficient medicine administered, another attempt was made with a smaller-sized bougie, which entered the bladder, but not without much pain and difficulty.

This clearly showed that permanent stricture was most imminent. I obviated this, however, by catheterising the urethra; and at the same time successfully counteracted other local and general symptoms by a suitable course of medicines.

In another case, 1103, an inveterate gleet led the patient to seek the advice of a surgeon, who cauterized the urethra, particularly at its posterior part. It was accompanied by excessive pain and subsequent inflammation, involving the neck of the bladder—there was, in short, the most excruciating agony on voiding urine, a throbbing in the perinœum, and a

profuse purulent discharge, tinged with blood. Leeches had been applied to the perinœum, and opiates and hot baths administered, which had relieved the more active symptoms.

It was three months from this period when he called to consult me. He was then suffering intense pain in the prostatic portion of the urethra, extending up to the glans penis, which was always increased in voiding urine.

In this case also I had much difficulty, although the result was ultimately successful.

Case 1715 came under my care many months subsequent to cauterization. The patient was a gentleman evidently of a highly nervious temperament; but since the local action of the caustic, the pain of the urethra had never finally left him, and there was also great irritation of the canal. His description of the immediate results of the action of the solid caustic was truly appalling. To be brief great mischief resulted to the patient; so much so that he became the victim of a settled melancholy. Similar treatment was pursued in this case to combat the local disease, which resulted in considerable relief; but after a period of seven weeks, I deemed it advisable to order him on a tour, as it was evident that time and change alone would alter the state of the mental feelings; and this, with the accompanying remedial treatment, gradually eradicated the ill effects caused by the injurious use of the caustic.

These cases will suffice to show that not only does no permanent benefit attend the local action of the solid caustic, but that by its use an array of symptoms become developed, which in some cases bid defiance to every treatment which ingenuity and skill can suggest.

Nor am I alone in the opinions I have expressed on this matter, for a celebrated author says of Lallemand (after having spoken of the services which he had rendered to suffering humanity) :—" He has, however, by an exaggerated representation of the effect of cauterization in curing spermatorrhœa, not only

impaired the value of his contributions to science, but likewise injured the patients themselves; inasmuch as by reading his book, they have been thrown into a disconsolate state about the future, almost amounting to despair, when the vaunted infallible remedy of cauterization has not immediately produced the promised effect."

The daily introduction of bougies is also to be condemned, several cases having come under my notice in which the previous reckless use of that instrument gave rise to symptoms of a most dangerous character.

This remark does not apply to an occasional use of the bougie in suitable cases; on the contrary, I have found in many instances that an irritable urethra, with tendency to stricture, has been completely cured after a few applications.

The treatment of the various phases of spermatorrhœa, and of the diseases known under the generic term—debility, require perhaps more skill and experience than any other derangements to which the physical organization is subject. These are affections in which the treatment must not be limited to the remedies employed in the practice of one country, or contained in the Pharmacopœia of another. The cases are sometimes so desperate, and the remedies required so potent, that all lands must be ransacked for the latter. We must not confine ourselves to the vegetable kingdom; nor seek to obtain antidotes exclusively from the animal or mineral; nature in her totality must be searched for remedial agents.

CHAPTER VII.

REMARKS ON FALSE DELICACY.

One of the most remarkable and melancholy facts, perhaps, which the history of medical science discloses, is that the most important branch of it, viz., sexual physiology, has been studiously ignored. It may

safely be affirmed that nearly two-thirds of the "ills that flesh is heir to," are traceable to abuses of the generative organism, and that at least one-half of those abuses are attributable to general ignorance as to the nature and functions of that organism. But not only are the sufferers themselves ignorant, but those who should have been able to instruct and relieve them are scarcely less devoid of the knowledge essential for that purpose.

All branches of medical science, save that one, have been discussed, been lectured upon, been experimentally illustrated, and been written upon with the utmost zeal; but sexual physiology, one of the most grave and solemn subjects which can engage the attention of the philosophic physician, has been almost entirely expelled from discussion; and the most grievous physical ills under which humanity can suffer, permitted to scourge the world unchecked and unheeded. And what renders the matter even more singular is, that while all that most concerns the attainment of perfection in *man*, considered as a species, is practically ignored, there is no lack whatever of attention to analogous studies with regard to the lower animals. We are content to admit in the most unconcerned manner a gradual depreciation of the "physique" of civilized man, whilst every day we are called upon to notice an equally gradual improvement in that of the animals which are of sufficient service to us to demand a careful study of their physiology and treatment. There is no reason whatever why man should not, as a rule, enjoy, in the full perfection of health and strength, his allotted "three score years and ten," save that the very mainspring of all the evils which tend to shorten that span is one with the nature of which most of us are miserably ignorant. True, there are many other sources of injury to the system, than those to which it is the purpose of this book to allude; but it must be remembered that injurious influences which will leave the strong unscathed, will utterly destroy the weak and enfeebled; the gust of wind which will extinguish the

flame of the flickering taper, will only fan a stronger flame into abnormal fierceness.

It is to a feeling of *false delicacy* of the most lamentable character, that we owe the state of things I have just been describing. Who is there that, upon mature reflection, would not fully agree with the opinion of an eminent writer in the *Quarterly Review* for 1858, who says, "It is time to burst through that artificial bashfulness, which has injured the growth, while it has affected the features of genuine purity. Society has suffered enough from that spurious modesty, which lets fearful forms of vice swell to a rank luxuriance, rather than point at their existence; which coyly turns away its head from the wounds and putrefying sores that are eating into our system, because it would have to blush at the exposure." This passage deserves to be written in letters of gold. There are still hundreds and thousands of persons who entertain the sentiments here so justly and powerfully condemned. The foolish feeling is still prevalent, exercising what influence it possesses, to keep the human family in ignorance upon topics of the greatest importance to its own well-being.

Nor is this false delicacy confined to society generally, it pervades, as I have already intimated, even the very schools of medicine; and the ignorance consequently existing, constitutes the strongest excuse of the physicians of old for their constant failure to grapple effectually with the greatest foe to human happiness, and for their attributing its effects to other causes; so that the sufferer from generative disarrangement was treated for a variety of affections, being only symptoms, as though they were independent diseases, and by an infinite variety of processes, according to the prejudice or professional creed of his advisers, whilst the real enemy, unsuspected and undreamed of, was undermining the citadel of health.

For though, for instance, in times past, the physical composition of the seminal fluid could not be determined; and the fact of its discharge—save when in a visible and perceptible manner, by nocturnal emission

or otherwise—could not be pronounced, the profession might at least have kept its available store of knowledge so far in readiness, that its members, after going through their scholastic and collegiate training, might be competent to take advantage of, appreciate, and turn to useful purposes the scientific discoveries effected from time to time by abler men. Far from this, however, students were kept in a state of ignorance, the deplorable depth of which may be judged from the fact that it was considered discreditable even to discuss the subject; the whole class of diseases of the generative organs, with their manifold complications and influences, thus becoming a perfect mystery, a sealed book, to the ordinary run of practitioners. So powerful has become the prejudice, that men of some eminence—Dr. Golding Bird, for example—have actually propounded the doctrine, that because the worst, most wide-spread, and most ruinous of human diseases is for the most part the result of a vice, it should not be investigated and discussed, and relieved like other diseases.

Lest this statement of fact should not be believed, I quote from his work on "Urinary Deposits," wherein, after admitting that spermatozoa are frequently found in the urine, he says, "It certainly is not very consistent with our national character, to dilate so freely on a subject which, in the great majority of cases, can be treated of only as the effects of a most degrading vice."

But supposing his conclusion as to the cause of such disorganization to be correct, does that fact place it beyond the pale of medical assistance? If a "most degrading vice" gives rise to a disease which prevails extensively in the land, so much is there the greater need for the medical philanthropist to endeavor to abolish both the vice itself and the consequences which it produces; and surely that cannot be accomplished by ignoring the existence both of the one and the other.

Such is nevertheless the case; all mention of the disease already discussed, viz., spermatorrhœa, having

been, in consequence of its most frequently having its origin in the habit of self-abuse, almost entirely omitted in the best medical works, so that the young practitioner, who wishes to learn his profession thoroughly, finds the greatest difficulty in becoming at all acquainted with one of its most important departments.

It is satisfactory to know that there are a few men of eminence who do not suffer themselves to be influenced by such absurd and prejudicial ideas.

In one of his celebrated Physiological Lectures, Mr. Lawrence observes, in reference to the fatal effects of *ignoring*, or *misunderstanding* the consequences of abuses of the generative organism:—"I have had occasion frequently to observe that medical skill has failed in what were represented and appeared to be cases commonly called decline, simply because *one important feature of the case* has been concealed from the physician, and *because he had failed to inquire as to its existence:* I mean the decay of those portions and functions of the human frame which delicacy veils most scrupulously from the human eye, and affections of which seem, by some great mistake, to have been placed without the pale to which ordinary practice confines itself."

These just and sensible remarks bring me to the main object which I had in introducing the subject of that false delicacy to which I have thus been adverting, viz., to impress upon the reader that there is no more real necessity for avoiding the consultation of the enlightened medical practitioner, or, when consulted, for withholding from him the slightest fact which may concern the preservation or restoration of our health, than there is for avoiding the consultation of a solicitor when our property is endangered, or keeping from his knowledge facts which would enable him to preserve or recover it. Yet we readily give the fullest possible information unreservedly to the latter, and either altogether withhold, or delay it until too late, from the former. This cannot arise from mere want of confidence, as it is proverbial that good faith and absolute secrecy characterize equally the sacred confidences of solicitor and client, and physician and patient.

The reason why so many hundreds spend a life of misery, or sink to an early grave, when a timely and simple treatment would have restored happiness and health, is that feeling of false delicacy which it is impossible to condemn in terms sufficiently strong.

Innumerable instances have occurred within my practice, of patients who have consulted me a considerable time after reading one of my Essays, and on my expressing surprise that they had delayed so long, the reply has usually been twofold—firstly, the matter was such a "delicate" one that they could not bear to speak of it to a stranger; secondly, that they fancied I might look upon their follies with such disgust and contempt as would prevent me from efficiently relieving them. I need scarcely say that in the first case they are sacrificing their health to an "idea," and in the second they are of course utterly mistaken. I adduce these instances, because there may be and are hundreds of others who entertain and act upon similar ideas.

I am sensible that prejudices from first impressions are difficult of removal; they are not in general to be at once overturned by clearer and more forcible argument, but only by a slow and gradual revolution of the mind, which time alone can effect. The mind must first be divested of its incorrect habits of thinking, from whatever source they may have been acquired, before it can even be open to those which are right.

It may be said, from the observations in the preceding part of this chapter, that I am unduly severe on other members of my profession, but I may remark that it is my enthusiasm for the improvement of my profession that has induced me to employ some degree of acrimony; I may also add that I only wish I had not such an ample field for finding fault, nor such opportunities of critical severity—indeed, nothing even then, where I myself might have been personally concerned, could have induced me to use it, but the alleviation of human suffering and misery.

And in what way can human suffering be alleviated by the physician, save by the careful study of the

causes which produce it, and the judicious selection of remedies to remove it; or human misery averted from the patient, than by enabling him to become conversant with the nature of his organism, the dangers to which it is exposed, and the probable consequences of his ignorance of the one and his neglect of the other.

Do we or our children become robbers, because we hear of thefts? murderers, because we hear of assassinations? or deprive ourselves of life, because we know that some desperate and desponding wretch has committed suicide? Why, then, should we—as the upholders of false delicacy have alleged—be more likely to become vicious from being made acquainted with the hideous features of vice, or rush into danger because we have had a warning of its hitherto unsuspected existence.

And if any have "sinned in ignorance," are they necessarily beyond the reach of assistance, or justified in neglecting to seek it, and consequently in risking the involvement of others in the penalty, because of such false notions as those I have been endeavoring to combat? The true physician pays no heed to whether his patients' ills have been caused by fault or by misfortune. He looks upon them simply as existing evils, to be eradicated or alleviated, and directs his attention to that object alone.

CHAPTER VIII.

SPECIAL DISEASES.

It is not my intention to touch upon the history of the special diseases which have their origin in promiscuous sexual intercourse. I cannot settle the question as to whether they are of ancient or comparatively modern origin, and if any remarks of mine could even set at rest that long disputed problem, its solution would confer no practical benefit on humanity.

Diseases resulting from sexual intercourse may be arranged under two heads, or principal divisions, viz: specific and non-specific.

The first division is composed of all those diseases included under the comprehensive term syphilis.

Syphilis is a virulent and specific affection peculiar to mankind, and invariably arising from one special virus, or syphilitic poison, which, at least in the present day, is never known to be spontaneously generated, but can always be traced back to contagion from a pre-existing virus. When brought into sufficiently close contact with the animal economy to infect it, it produces certain local effects, which are called *primary symptoms*, or chancres.

The importance of bringing to bear all the medical skill possible to a more satisfactory treatment of syphilis than has hitherto resulted, will be most apparent by a perusal of the opinions expressed, in an article on this subject in a medical journal of the day.

"What shall we do to arrest the spread of syphilis, this great social evil, and mitigate the dire results of that disease, which are visited upon generation after generation and thus sap the physical strength, as well as the moral health of the community?

"Were it possible to limit the effects of syphilis to those whose guilty indulgence creates and maintains the disease, some might regard it as a just retribution, But, viewed even from this assumption, true charity would hardly turn her back and leave the victims of sin to suffer without hope, or without an effort to relieve them.

"It has been the inseparable quality of sin of every kind to involve the innocent in the afflictions of the guilty. We may imagine a man without family, without dependants, without a friend, to destroy his health, and ruin his worldly interests, by addiction to drunkenness: such a man has often been ignorantly called 'no man's enemy but his own.'

"But even in such a case, where the sin and folly seem most concentrated, both in origin and consequences, in the sinner, would it be wise, would it be Christian-like, to ignore the evil, and leave the wretch to wallow in his vice before the world? If unwise here,

it is sheer madness to exclude the victim of syphilis from the pale of charity.

"Disregarding for a moment the immediate sufferer as unworthy of compassion, we cannot shut our eyes to the fact that it is out of our power to limit the punishment to him. The passion that leads to this disease cannot be gratified except by the concurrence of two persons: one of these may be—often is—innocent.

"Is the innocent person to be excommunicated?

"But, again, upon the gratification of this passion depends the perpetuation of the human race.

"A man or woman who has, no matter under what circumstances, contracted syphilis, will, if placed immediately under the supervision and treatment of a skilful surgeon, be cured; but neglect this man or woman, treat them as outcasts from society, as wretches whose shame is so deep that charity herself blushes to relieve them, abandon them to the hands of those mercenary harpies that prey upon the miseries of mankind, and the disease can no longer be thus restricted to the first, perhaps guilty sufferers; it assumes a form that lingers in the frame, and generates a chronic poison, which is capable of being transmitted to an innocent wife, and to children still unborn.

"How much of the scrofula, consumption, idiotcy and insanity, that create such havoc in our population, and encumber our asylums, is the indirect effect of syphilis, can never be accurately estimated. But it is certain that the hereditary transmission of the syphilitic taint operates largely."

Whilst fully endorsing these statements, I must remark that no attempt to eradicate this horrible scourge of the human race will be successful, unless judicious treatment is brought to bear, on the immediate manifestation of the disease, upon the parts which first receive the infection. It is also highly important, in reference to the well-being of the patient, that a correct diagnosis be formed as to the peculiar character of the primary forms in which this disease commences its fearful course.

Thanks to the progress of medical science, syphilis is now entirely under control! In times past it was customary to suffer persons thus afflicted to die, without attempting their relief, under the impression that the complaint was contagious and incurable.

I find, by the results of my every-day experience, that it is solely by an accurate attention to the character of the sore, that a clue is obtained both to its virulent nature and the kind of treatment best calculated to arrest its progress. It is hence regarded under the two forms of—1. The indurated or infecting chancre; 2. The soft or non-indurated chancre. The average period during which the sore makes its appearance after the local contact of the poison, varies between three and ten days, and depends, in some measure, on the following circumstances: 1. The intensity of the poison; 2. The constitutional condition of the patient; 3. The presence of an abraded surface.

The local indications of the first, or indurated chancre, consist of a sore, having a rounded or oval form, with raised indurated edges, and excavated surface, covered with a thick, tenacious secretion, resembling chamois leather. Unless arrested at once, it will probably be attended by secondary symptoms.

The local indications of the second, or non-indurated chancre, are a sore or sores devoid of induration; their surfaces irregular, and freely discharging matter. The form of the disease will not be attended with secondary symptoms.

The practical importance of ascertaining in any given case the peculiar characteristics of the chancre or sore, will be at once apparent when it is stated that on such diagnosis rests the indication which establishes a satisfactory basis for treatment. It is at the same time to be observed, that these cases do not always come under treatment while these specific distinctions continue. It is, however, gratifying to know that there still remains, to the skilful and observant practitioner, other and unimpeachable indications on which he may base a diagnosis with perfect certainty.

As the non-indurated chancre does not give rise to secondary or constitutional symptoms, it is simply a local disease, and the administration of mercury in such cases can, under no circumstances, be required. Hence we see the immense boon which a correct diagnosis of syphilitic sores confers alike upon physician and patient.

It is by this alone that the vexed question with respect to the indiscriminate, or even the doubtful employment of mercury, receives its satisfactory solution. In other words, the exceptional class of cases in which this powerful remedy is indicated, becomes at once placed beyond either doubt or uncertainty.

The cases, then, about which so much has been said and written from time to time, that have yielded to treatment without mercury, unattended by secondary results, admit of full explanation by the light I have here pointed out.

It also follows that the facts on which the attempt to overthrow the necessity of mercury in *all* cases of syphilis, although they have been certainly of an extensive, are, at the same time, of a limited character.

The practitioners of the old school (who form the great bulk of the profession at the present day) rigidly adhere to the administration of mercury in every case of syphilis they are called upon to treat; while, on the other hand, there is no lack of ignorant pretenders who altogether abjure its use.

We see thus the vast importance to the patient affected with syphilis in any form, of his taking care that the physician he may consult be neither one who, by the indiscriminate use of mercury, may, in curing one evil, set up another of a more lasting and dangerous character; nor one who, from ignorance of modern scientific research, shall "paint out," as it were, the outward signs of disease, only to leave a rankling poison to take uneradicable root in the system, and breed subsequent disease and death, not only in the patient himself, but possibly in generations yet to come.

It is impossible in a little work of this kind to treat of these diseases, in their almost infinite variety of development with that minuteness or in that detail which I have used in works intended solely for professional reading; I must content myself, therefore, by stating that what are called *secondary symptoms*, are the consequences of the absorption of the syphilitic virus into the system, and the resulting contamination of the organism. The secondary symptoms follow within the *first few months* of the existence of the indurated form of chancre. They affect the superficial tissues only, are generally dry in character, and are not fatal to life. They may be, but are not necessarily, hereditary; they are not capable of transmission by innoculation, and seldom (though, when once established, they may re-appear from time to time in the same individual) can be produced *de novo* by a fresh infection.

Tertiary symptoms are the most advanced consequences of the absorption of the syphilitic virus into the system. They seldom appear before six months from the time of infection, and often much later. They are not innoculable, and not hereditary. They attack the deeper tissues and bones, and may be *fatal to life.*

The eruptions with which secondary and tertiary symptoms are attended may be distinguished from each other by their tendency to assume, or not assume, an ulcerative condition.

The first, or ulcerative class, comprise vesicles, pustules, and tubercles.

The second, or non-ulcerative class of eruptions, are *erythema* and *papulæ*.

This distinction is important, because ulceration denotes a considerable activity in the poison, and a want of resistance on the part of the constitution of the patient.

It must not be forgotten that all syphilitic diseases belong to that class called *specific*, because they arise from a definite poison, or virus; that they all have their commencement in what is called a chancre; that

whatever the character of the latter, it is perfectly under the control of those who thoroughly understand its treatment, provided it be taken in time; and that the object of that treatment must be, not only to cause the chancre itself to disappear, but to take care that the blood and the general organism become so purified that no trace of the poison be left to afterwards vitiate either the patient's own system or that of his subsequent offspring.

I will now proceed to refer to that class of special diseases called *non-specific;* that is to say, those affections which follow sexual intercourse, and which, though often contagious, and capable of reproducing themselves, are not innoculable, and *do not depend upon a special cause.* The name of these is "legion." Their enumeration and description would occupy a volume. They include, in fact, every affection which is the result of impures exual intercourse, which are not included in the class already described, viz., *specific* affections.

As it would be therefore utterly impossible in this work to refer to all, I shall confine myself to that form of disease known as *Gonorrhœa.*

On being attacked with gonorrhœa, the first symptom the patient experiences is an itching sensation about the orifice of the urethra, or even throughout the whole of it, varying in intensity in different cases. A swelling, or fulness of the lips of the urethra then generally ensues, consequent upon inflammation, and shortly afterwards a discharge commences. As the disease proceeds, the itching becomes converted into a severe pain, especially felt after voiding urine; and the desire to micturate fills him with dread, on account of the scalding pain it occasions. The water soon passes off in a scattered stream, owing to the blood-vessels becoming overcharged, and thus narrowing the anterior part of the canal. The inflammation will sometimes extend even to the neck of the bladder, and cause the dangerous symptom, retention of urine. Extreme tenderness is felt in the glans, and unless great cleanliness be observed, excoriation will ensue.

If the disease be suffered to proceed unmolested, or, occasionally, under any circumstances, the patient may be attacked by *chordee*, an affection of the most torturing character. On the occurrence of the involuntary erections, which take place in consequence of the inflammation, especially when warm in bed, the corpus spongiosum (at the under part of the penis) not permitting of so great an extension as the cavernosa, the penis becomes curved, and produces the most excruciating agony. In some cases, from a serous infiltration into the prepuce, it becomes distended to an enormous size, so as to completely obscure the glans penis, constituting the symptom called *phymosis*. If at the commencement of the infiltration into the prepuce, the latter has been drawn back, by accident or otherwise, beyond the glans, the swelling will then act as a gradually increasing ligament, tightening upon the penis behind the corona glandis, causing frightful agony, and occasionally rendering a surgical operation necessary. This constriction of the foreskin is called *paraphymosis*. Sometimes an enlargement of the glands of the groin (bubo) may be produced which, however, rarely suppurate, as do those produced by syphilis; and one of the most frequent painful, and troublesome accompaniments of gonorrhœa is orchitis or swelled testicle.

Of course, the whole of these symptoms vary according to the patient's constitution, habits, and other circumstances: and sometimes an individual will be affected in a very mild form in one attack, while on the occurence of another it will be of the most malignant character.

The secretion of the mucous membrane affected with gonorrhœa, consists of muco-pus, varying in character according to the period of the duration of the morbid action. During the very earliest period it is generally of a white color, and consists of simple mucus, and under the microscope exhibits epithelial scales and their debris. During the second stage it also contains these substances, but, in addition albumen in solution, and by the aid of the microscope

we also detect innumerable pus corpuscles, communicating to it a yellow color, more or less deep, according to their quantity. In its later and chronic stages, the pus corpuscles diminish, and the epithelial scales increase, and it remains in that troublesome and obstinate form denominated gleet.

It is too commonly the case that individuals suffering from gonorrhœa are apt to consider it a trifling affection. This is an error of the most serious character, as will at once be perceived when I mention one only out of its numerous consequences, viz., *stricture*, a disease which in but too many cases renders the patient a martyr for life. There is nothing nor can there be anything, in any affection of the generative organs to which the term "trifling" can be applied. No matter what the particular symptom or affection may be under which we may labor, we shall do well to bear in mind the poet's injunction, and to

> "Think nought a trifle, though it small appear;
> Sands make the mountain, moments make the year,
> And trifles life."

There is no one disease, considered in all its aspects and sequæla, on which such varieties of opinions and treatment exists, and in which such difficulties present themselves to the practitioner who has not made the generative organism and its affections his exclusive study as gonorrhœa. The mischievous mistakes consequently committed by such practitioners, both in diagnosis and in treatment, are innumerable. I have heard even the celebrated Ricard of Paris, one of the greatest authorities on syphilis and gonorrhœa, confess in his lectures that no disease has so often puzzled him as simple gleet. With such an admission before us, how can we wonder that those who, even when a correct diagnosis has been made, empirically follow, without discrimination, the antiquated treatment, and after dosing their patients with copaiba, cubebs, &c., *ad nauseam*, without administering relief, should find themselves at fault, and succeed only in leaving their

patients worse than they found them, with the additional mental disease of believing their cases to be past all cure?

One of the most common mistakes which are propagated, both by teaching and practice, by a certain section of the old school, is, that gonorrhœa must not be cured quickly: and by absurd statements, as to a rapid cure "driving the disease into the system," they succeed in reconciling their patients to a nine or twelve months' treatment with the most nauseous and worse than useless drugs and injections, used in the main part for the sole purpose of concealing their ignorance, but really believed in by many as being the sole safe method of treatment. In these latter cases it is difficult to say which is most to be pitied—the doctor or his patient. My own long experience of the fallacy and mischievousness of these views, however, may be of service both to the one and to the other.*

As to the consequences of such a state of things, I could bring evidences without number, from the works of many of the best authors, usually considered as "standard" by the general profession.

One of these authors, for example, records a case of a man, aged twenty-six, whose gonorrhœa remained uncured and attended with a most severe form of rheumatism, "in spite of all that London surgeons and physicians could do for him; and a residence on the continent was the only means by which a cure was effected." Resolving not to run the chance of infection, after having been such a martyr, the patient married. Soon afterwards he was again affected, and his wife began to complain of leucorrhœa. The author then goes on to say (I am quoting literally),

* There are, however, on the other hand, many (principally charlatans) who go to the opposite extreme, and pretend to eradicate the disease in inconceivably short periods, such as from 24 to 60 hours; but although it is not impossible to stop the discharge within that time, the after consequences of the so-called "ABORTIVE TREATMENT" are of a fearful character, and in many cases may endure for a lifetime.

"Knowing all the circumstances of the case, I "advised some simple astringent wash and aperient "medicine; instead of abating, the discharge in- "creased, and was followed, *in spite of all "advice and the best concerted measures, by rheu- "matic ophthalmia, inflammation of the bladder, "and general rheumatism.* The disease in a sub- "acute form was no sooner cured in one set of muscles "than it broke out in another. Instead of driving "the disease into the system, I was for some time "unable to master the discharge, *and it went on, "uncontrolled by all our remedies, a stumbling block "to the best medical and surgical opinions in "London!*"

The author then goes on to state, that after some years his patient, apparently undeterred by his previous martyrdom, again consulted him, having been "sud- denly seized with rheumatism, "the immediate cause "of which arose, in his opinion, from having had an "instrument passed. I ought to say," proceeds the author, "that *he had ever since his last attack been "subject to stricture*, with some irritation of the "bladder * * * As soon as the rheumatic attack "commenced, *the bladder, muscles, joints, and eyes "became successively affected; all the medical skill "in London* was called in, *with as little avail as on "the former occasion.* Every sort of treatment was tried, and *failed* until *apparently* the disease wore "itself out." The author, however, omits to tell us whether the patient was "worn out" as well as the disease.

The incredulous reader will perhaps scarcely believe in the truth of the foregoing quotations; I can, how- ever, furnish him with both chapter and verse in a pretentious and bulky practical treatise, published only a few months since. I could add largely to such instances, were it necessary.

I say deliberately, as the result of a long and ex- tensive experience, that when properly treated, gonorr- hœa cannot under any circumstances be cured too quickly, and I am happy to find that M. Ricard, after a careful consideration of cases, agrees with me.

The fact is, that the pathology of the diseases now under discussion has been utterly neglected. In books on this subject, one writer has copied another, from Hunter downwards, and, as has been well observed, "seems to have dissected books rather than bodies." The ordinary practitioner is, consequently, not only liable to be confused in his diagnosis and treatment, by the complications which usually attended gonorrhœa, but frequently confounds it with discharges of analogous character, or even with those which are totally dissimilar.

In case 1443, the patient, a married man, consulted me in consequence of a discharge which he supposed to be gonorrhœa. He assured me he had had no improper connection, and was not cognizant of any circumstances by which he could have become infected; and he was in a condition of the utmost terror lest his wife should suspect him of infidelity. After a close examination, I found that the discharge resulted from connexion with his wife whilst the latter was suffering from a copious discharge denominated the fluor albus, or "whites," which in her case always increased a short time previously to menstruation.

The fact of this disease—the "whites"*—being under certain circumstances communicable to the male has been the source of almost incalculable misery; more especially when the practitioner applied to has been either ignorant of the fact, or careless in his diagnosis. If the husband be conscious that he has had no impure connexion, the appalling supposition forces itself upon him that his wife has been unfaithful; whilst, on the other hand, the wife, ignorant that her "weakness," as she calls it, could possibly affect him, is made miserable by a similar contemplation. It will be seen therefore, that it is of the highest possible importance, that the conscientious physician should exercise the

* A very large portion of the female sex suffer from this complaint; this is more especially the case in England, and with married women; a circumstance, in my opinion, atributable partly to the climate and to the large quantity of tea usually drank by them.

greatest care in his examination of the discharge, be competent to form a correct diagnosis, and thoroughly understand the best methods of treatment.

Having connection, too, during the menstrual periods, will frequently act in a similar manner, and give rise to like uneasiness and anxiety; and so also with a variety of other circumstances to which I might allude if space permitted.

But the most grevious mistake that can be committed, as regards the patient's own health, is one to which I have alluded in a previous chapter, viz., that arising from confounding symptoms of spermatorrhœa with those of gonorrhœa, and treating the patient for the latter. I was consulted in such a case only a short time since. The patient had contracted gonorrhœa a few years before, and consulted the family medical attendant, who apparently cured him. The discharge, however, never completely left him, and on again complaining to his adviser, he continued to prescribe the usual internal remedies and injections. These he took for a very considerable period, but still experienced a continuation of the discharge, finding almost invariably, on awaking in the morning, the lips of the urethra glued together, and, on slight pressure, a drop or two of a transparent oily character made its appearance. He gradually became more and more debilitated, particularly within the few weeks previously to his consulting me: his memory began to fail him, and a languor and general disinclination for occupation took possession of him. In fact, I discovered that he was suffering from a severe form of spermatorrhœa, which had entirely escaped the notice of the "family physician," who had perseveringly, but unwittingly, increased it by continuing, during the whole period, to treat him for gonorrhœa.

I need scarcely say that, having ascertained the real character of the affection, I had but little difficulty in eradicating it.

CHAPTER IX.

SELF DIAGNOSIS; OR, "HOW SHALL WE ASCERTAIN UNDER WHAT AFFECTION WE ARE SUFFERING?"

In consequence of the frequent enquiries made of me, "How shall I *know* whether I am suffering from spermatorrhœa? what are the symptoms by which I shall be able to recognize it, or by which it will be accompanied?" I am induced to add a few words on this most important point.

The symptoms are infinitely varied, extremely numerous, and differ greatly in different cases, both in number, nature and degree. It will be well, perhaps, first to put the most prominent of them into a tabular form, and then to introduce one or two illustrative cases.

To render this tabulation more intelligible, the symptoms are divided into LOCAL, *i. e.*, affections of the generative organs; BODILY, *i. e.*, affections of the muscular, circulative, nutritive, and respiratory systems; and MENTAL, *i. e.*, affections of the nervous system.

In the first place, as being not only most definite in character, but also as indicative of the disease being more than usually deeply seated and confirmed, the local symptoms may be mentioned. They are as follow:

LOCAL SYMPTOMS.

Pollutions* accompanying expulsion of urine.
Pollutions accompanying defæcation.
Erections and emissions upon slight excitement, such as the mere presence of females, or juxtaposition of their dress, &c.
Emissions under similar circumstances, unaccompanied by erection.
Nocturnal pollutions, with or without erection or consciousness.
Diurnal pollutions.
Spermatic urine.
Contraction of the foreskin.
Spasmodic or dull pains occasionally in the organs.
Varicocele, or varicose veins in the testicles.

* The terms "pollutions" and "emissions" refer to involuntary escapes of seminal fluid.

Pimples on shoulders and forehead.
Premature emission during coitus.
Priapism, or erections apparently without any exciting cause.
Decrease of sexual desire or enjoyment.
Sanguineous emissions.
Diminution in size of the penis and other organs.
Want or imperfection of erectile power.

CLIMAX—IMPOTENCE.

In reference to *general symptoms* it is necessary to observe that many, if not all, of these symptoms *may* occur in and denote forms of ordinary disease; but if produced by spermatorrhœa, they will be aggravated in degree, and will not yield to treatment known to be eradicative of them in ordinary cases. This fact could be illustrated in a variety of instances, but one may suffice. In an otherwise healthy person an attack of indigestion, originating in inattention to diet, will yield to gentle purgatives, tonics, and other well known means; but if the symptoms of indigestion exist in consequence of the impairment of the nutritive functions by seminal losses, the ordinary remedies for such symptoms fail to produce their usual effect, as until the *primary* cause of the symptoms be removed, the effect will not only continue but increase. In like manner, disorders in respiration and circulation may arise indifferently from spermatorrhœa, or from other causes; in the latter case, the remedies usually indicated for such symptoms will remove them, but not so if they be caused by spermatorrhœa; and it may be mentioned that it has been clearly ascertained that there is no single function of the animal economy but may not become deranged by long continued involuntary seminal losses.

GENERAL SYMPTOMS—BODILY.

Muscalar, Respiratory, Circulative, and Nutritive Systems.

Increased appetite or voracity (in early stages).
Gnawing, and heat of epigastrium.
Uneasiness, sinking, or faintness before taking food, followed by disgust or nausea afterwards.
Want of appetite for plain kinds of food.
Weight in epigastrium.
Quickened pulse.
Flushed face.

Acid eructations.
Acrid heat at upper part of æsophagus.
Alteration in secretions of liver and pancreas.
Evolution of flatus.
Colic.
Griping.
Difficulty of breathing, and cough.
Distension of stomach and intestines.
Muscular flaccidity.
Excessive mucous secretions.
Irregular action of the heart.
Apoplexy.
Liquid and unnatural stools.
Diarrhœa.
Inflammation of rectum.
Constipation.
Loss of substance.
Cadaverous appearance of skin.
Hollow or sunken eyes.
Extreme sensibility to cold.
Rheumatism.
Loss of hair.
Pulmonary catarrh.
Indolence, or indisposition to exercise.
Lassitude.
Fatigue on slight exertion.

CLIMAX—CONFIRMED DEBILITY.

GENERAL SYMPTOMS—MENTAL.

Nervous System.

Restlessness.
Sighing.
Sensation of congestion.
Want of energy.
Uncertainty of tone of voice.
Nervous asthma.
Vertigo.
Want of purpose.
Dimness of sight.
Weakness of hearing.
Aversion to society.
Blushing.
Want of confidence.
Avoidance of conversation.
Desire for solitude.
Listlessness, and inability to fix the attention.
Cowardice.
Depression of spirits.
Giddiness.
Loss of memory.
Excitability of temper.
Moroseness.
Want of fixity of attention.

Disposition to ruminate.
Trembling of the hands.
Sudden pallar.
Lachrymosity.
Tremor from slight causes.
Pains in back of the head or the spine.
Pain over the eyes.
Disturbed and unrefreshing sleep.
Strange and lascivious dreams.
Hypochondriasis.
CLIMAX—INSANITY.

The following additional illustrative cases are by no means selected because they present features of great severity, but because they are specimens of the most ordinary cases upon which I am consulted; and, save that every expression which could afford the slightest clue to the individuality of the parties themselves has been carefully eliminated, they are the verbatim statements of the patients themselves. In order to avoid unnecessary repetition, it may be mentioned that every one of the following cases, and many thousands of similar and far more serious ones, have been *successfully treated* by me during the twenty years over which my practice has extended.

CASE No. 874.

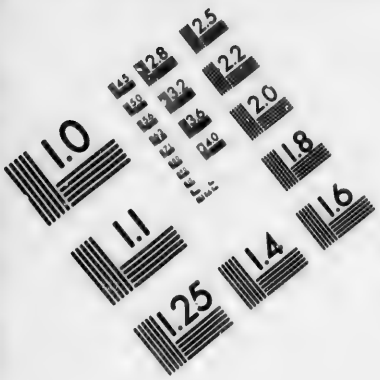
I have been in the filthy habit of practising self-pollution from about the age of 14, when at school, until I was twenty-four. I then married, which is now about a year and a-half ago, but am ashamed to say that so completely had the habit taken hold of me that I have even (though not often) practised it since that time, till lately in fact, when I procured a copy of your Philosophy of Marriage. I must mention that I am naturally of a good constitution, but for nearly twelve months past I have gradually been getting thinner and thinner, as though I was wasting away. I appear to be in excellent health, but am very speedily tired with the slightest exertion; my appetite is poor, I have no energy, am extremely nervous, and frequently overcome by melancholy; my memory is becoming defective, and I have a very tiresome little cough, with a sort of choking sensation when attempting to read

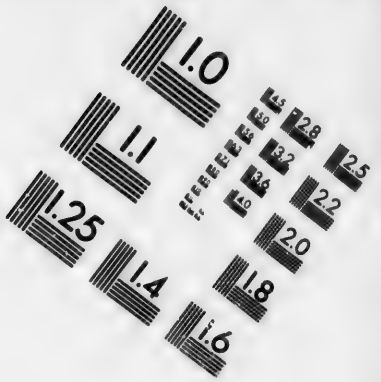
[illegible], especially after meal; the left testicle hangs a little lower than the right one. And after the urine has been allowed to stand for a time, a white, cloudy secretion appears to be floating about in it, and a sort of greasy-looking scum forms on top. I am also troubled by frequent emissions during sleep, and which symptoms induce me to think I must be suffering from spermatorrhœa, and trust you will be able to do something to relieve me. I applied to a medical man who is esteemed very clever in this neighborhood, but he said he could not see any complaint, save my getting thin, for which he advised change of air, and gave me quinine, but no good effects have followed.

The treatment thus referred to was unsuccessful because it did not touch the deep-seated cause of the symptoms.

Case No. 1116.

I can no longer conceal from myself that I am suffering from supermatorrhœa, the result of that wicked habit contracted even before I was in my teens; I even forget how, and how early it was contracted, and although I have been sometimes abandoned it for a time I have always relapsed again into it. and have only lately been able to feel that I have at length mastered it. My age is now 26, and although having been three years at the sea side, every one congratulates me upon my healthy appearance. I am quite conscious of the unreality of those appearances. My nerves are seriously impaired. I have very frequent nocturnal emissions; the spirit I once possessed I am afraid is for ever gone, and the sense of the fatigue I experience on undertaking the smallest labor, and the flaccid feel of the muscles, renders me doubtful of the possibility of their effective reparation; I cannot fix my attention on my business, make sad blunders, and get very excitable and ill-tempered. For the last few months too I have experienced a dull pain or uneasiness in the testicles, especially on the left side, and





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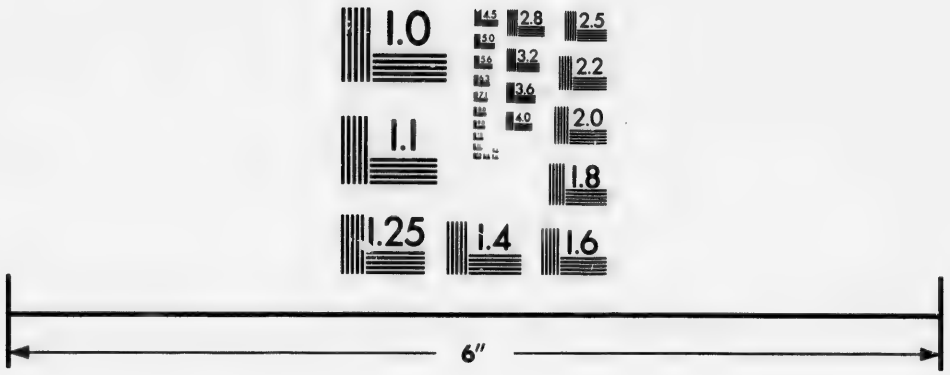

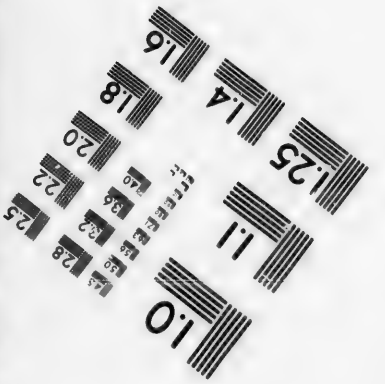

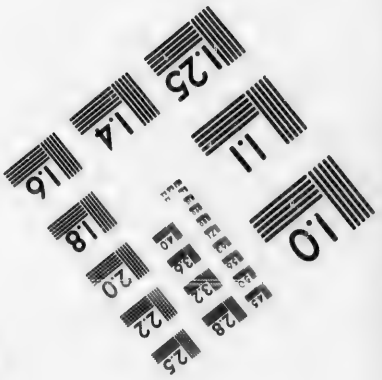

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have occasional darting pains of a spasmodic character in the penis, as though they suddenly received a most severe and acute electric shock.

In this case although there were well marked local symptoms, the mischief had principally developed itself in the impairment of the nervous system.

Case No. 1375.

It is with great reluctance I pen the following letter:—

I began to indulge in masturbation or Onanism some years ago; I do not exactly know how long since. It was brought about by accident. Since your work on Marriage fell into my hands I have resisted the temptation to defile myself. At first it was very difficult and I could scarcely restrain myself for a week. I have now managed to do so for about three weeks, but feel tortured with all sorts of vicious thoughts. This is my situation at present, but previously and for some years, scarcely a day passed over in which I did not practise self-pollution. I am considerably troubled with knots of tough mucous matter coming up my throat; this always occurred two or three hours after masturbation. As it is very considerably decreased lately, I now attribute the symptoms to that cause, which I did not previously suspect. My urine is sometimes very muddy, a sort of gleet is found to stick against the side of the urinal, and small white specks are sometimes observable floating about in the urine. I have a tendency to be costive, but not specially so. I have not the power of erection I ought to have. I begin to feel weak, and not able to work as I used to do; and when I rise in the morning I do not feel refreshed after my night's sleep. I have occasionally a throbbing pain at the end of the foreskin, which is swelled, and appears somewhat inflamed, and I am very subject to pleasure-dreams, which are very weakening. I have slight aching pains in the testicles, one of which is slightly wasted, and have pains across the loins and up the neck and back of the head, which I never had before.

CASE No. 1146.

I feel myself constrained to fly to you at last, and reveal a secret which I can no longer keep to myself. You will readily understand what it is, and I am filled with shame to acknowledge it, but have been doing it in ignorance until the last year or two. I am one of those unhappy beings who early fell a victim to that accursed habit masturbation, or self-pollution, when at school, I will describe all the particulars. I am now twenty-five years of age; it was when I was about fourteen I commenced this self-abuse, and sometimes I had sexual intercourse. About four years ago I had the disease called gonorrhœa, or clap, my doctor called it. He cured me, as I thought; but I still kept practising that pernicious habit. About two years ago, or nearly, I felt a tremendous prickly itching underneath the testicles, so I went to my doctor again, and he told me it was gleet. I have been taking lots of stuff and injections, but they don't do me any good. There is scarcely any pain, but an almost continual discharge, which causes a stain like gum to be left on my linen. It is much aggravated by taking wine or spirits, or violent exercise; it affects my eyes very considerably. I only wish I had read your book before, for I had made up my mind previously to reading it that I should never be cured. My habits are pretty regular, and my occupation out-door. I feel a loss of memory, and a continued feeling of languidness, being tired with the least exertion, very nervous and timid; the eyes are very weak, and sometimes very hot, and feel sore in their sockets. I have pains also to the back of my head; my sleep don't afford me much refreshment, for I very often feel more tired and languid when I get up than when I go to bed. I am troubled with dreams, and sometimes fancy myself in the embrace of some beautiful woman; and on some of these occasions I have found my night-clothes wet with the fluid which had escaped. The last one occurred only two nights ago; and for the last two years I have had escape of seminal fluid

when in company of females. My water is generally of a high color, I am very low spirited, although I used to be full of life.

Case No. 1735.

I am suffering from the effects of self-abuse, practised until recently. I am now twenty-three years of age, tall and thin. When in company of females the penis is continually wet with thin semen, sometimes with erection, sometimes without. I have never had connection with any female, and if I did, the emission would come far too soon. My forehead and shoulders are covered with pimples, the former being very much disfigured, and they are always worse after an emission in the night, which occurs without erection. My eyes are bloodshot at times, and water in a breeze of wind, particularly in the morning. The testicles hang very low, the left is varicose, and there are no wrinkles at all in the scrotum on that side. The dribbling, when in company of women, is very odd and unpleasant. When my urine has stood a few hours, there is generally a sediment. Is there any fear of the right testicle becoming varicose, also from hanging?

Case No. 865.

I am twenty-seven years of age, of a delicate, nervous temperament, I am single, and likely to remain so, unless you can assist me; for there is no disguising the fact, I am *impotent* through the effects of self-pollution, which I practised from eleven years of age until twenty-two, when I became acquainted with its mischief and left it off *for ever*. I then obtained medical advice, which gave me only temporary relief, and I have since applied to another medical man, who gave me tonics, but I am grieved to say without effect. My bowels are regular, as I am very careful in my diet; I am much afraid I am suffering from spermatorhœa, as I have noticed that the last drop of urine is thick and ropy, and there is always a copious discharge of semen after any excitement by being in

female society, and I have very frequent nocturnal emissions. The testicles and penis are very small, and there is something like a lot of hard cords attached to the left testicle. I have a slight cough always on me, with shortness of breathing, and I am very thin. I often turn very giddy when rising or stooping hurriedly. Reading the slightest thing of a sentimental character brings tears to my eyes, which I cannot help, although I feel them to be maudlin. My sight is weak. I have no confidence in myself. I blush and look guilty at the slightest thing said to me, whether right or wrong; blushing and becoming pallid by turns. I find my constitution is weakened most terribly. I have got very thin this last month, and have had nocturnal emissions sometimes two or three nights running. Sometimes, on going to stool, a thick gummy matter comes off from the penis, and there is a slight irritation at the root of the penis after passing it. I have slight pains in the back, and sometimes in the testicles.

Case No. 682.

At the age of fourteen or fifteen I was taught the disgraceful habit of self-pollution by a companion, and continued to practice it until twenty, when a friend, who knew something of anatomy, &c., told me the consequences, and caused me to leave it off in disgust. I am, however, troubled with frequent emissions, accompanied with disturbing dreams. I have sometimes put some of my urine in a bottle, when I have noticed, after a few hours, a filmy substance floating about in it, and when it has stood a week, it has become quite thick at the bottom. My testicles are very pendulous, and I sometimes feel a slight escape of semen when in the company of females. My left testicle is smaller than the right, and has more cords or veins about it. The white of my eyes is generally of a muddy or brownish color, and my sight is certainly not so good as it was formerly. I have also been troubled with pimples about my face and shoulders, which are very disagreeable. I am troubled with extreme nervous-

ness, involuntary blushings, weakness of sight, lassitude, coldness of the extremities, and sometimes pains in the head and loins. I get rheumatism by the very slightest draught, sometimes within a quarter of an hour after exposure to it, and occasionally it is a long time before I can get rid of it, and it is frequently severe.

Case No. 1371.

From twelve to eighteen I practised the habit of masturbation almost continuously, having learnt it from my schoolfellows, and neither I nor any of my companions ever for a moment suspected that we were injuring ourselves in any way. A fearful mistake, as I now know to my cost. I left it off because I thought it a filthy habit, and since have occasionally had sexual intercourse. On some of these occasions I have been able to have full and proper connexion, at another time there is premature emission, and sometimes I fail altogether to have an erection, and seminal fluid will pass without any sensation. Occasionally too a dull pain follows near the root of the penis, a most uneasy sensation. There is never any certainty in my attempts at coition. I am frequently troubled with lascivious dreams, and sometimes with others of a less agreeable kind, but always causing me to rise without benefit from my rest. All these things were a mystery to me until I read your book, which completely opened my eyes to the real state of the case. My appetite is very bad; I am altogether unwell, fearfully languid all day long; I always go to bed tired, and with an aching pain in my legs, and rise in the morning the same, never feeling better for rest. My face sometimes breaks out in spots, and I look thin and ill. In fact I *feel* ill; I am afraid I have destroyed all generative power, especially as for some time past I have not only been afraid to contemplate intercourse from the fear of failure, but when opportunity has offered, have really experienced a total want of desire.

In many patients where circumstances compel the treatment to be by correspondence only, I find that the injury to the nervous system is such, that, after writing me with a full detail of their case, I shall perhaps have a letter by the next post to tell me that they have overrated the symptoms, and that they feel quite well, and fancy they have been nervous almost without a cause, and a post or two after will bring a letter that they are thoroughly wretched and despondent. They are troubled by miserable fancies that their letters are opened and read by unknown parties before coming to hand; that every one who meets them sees in their countenances the effects of their habits, or is aware in some mysterious way of their ill-practices. Others tell me that the blood rushes to their face whenever a casual eye meets them in the street, frequently accompanied by perspiration, and that the eyes are involuntarily cast down, as though they had been suddenly detected in some guilty act; that their conversation becomes disconnected, guilty and their observation desultory; that they lose all their relish for pursuits which formerly interested them to the highest degree; that they envy every one they see, fancy that there is nothing left for them in the world, either of utility or pleasure; that they have become aimless and purposeless, and that all they can do is to drag on a miserable existence till the tomb closes over them.

Although spermatorrhœa and its host of accompanying evils is, in the majority of cases, caused by practices of the kind spoken of in the preceding cases, it is not invariably the case that it is so. Spermatorrhœa may be caused by constipation, by ascarides, or worms in the rectum, by stricture of the rectum, and many other circumstances. Some of these are easy of removal, others more difficult; but in all such cases the removal of the cause is immediately followed by the disappearance of the spermatorrhœa.

I have, however, already exceeded the limits I prescribed to myself in this *brochure*, and must only say, in conclusion, that I trust the various statements

contained in it, which I have endeavored to divest as much as possible of technicalities, may be received in the spirit in which they were written, and may not fail in producing their legitimate effect, believing, as I do, with Horne Tooke, that "Truth needs no ornament, and what she borrows of the pencil is deformity."

85 ST. ANTOINE STREET,
MONTREAL.

Consulting hours (at DR. KAHN'S private residence as above,) from 9 till 2, and 5 till 9 evening. Sundays till 2 only; consultations arranged by special appointment.

INSTRUCTIONS TO INVALIDS.

Patients who desire to be treated by correspondence should observe the following instructions:—

1.—Their letters should contain full particulars as to age—Constitution or temperament—Habits as to occupation—Mode of living—Whether married or single—Supposed cause of affection—Condition of bowels—Ordinary state of urine—State of particular organs affected, and—Whether any, and if so, what treatment has been previously adopted.

2.—The letters may, at the option of the patient, be either signed with his own name or an assumed one, or initials, as circumstances may render expedient, and must contain a remittance of DR. KAHN'S Consulation Fee of $5.